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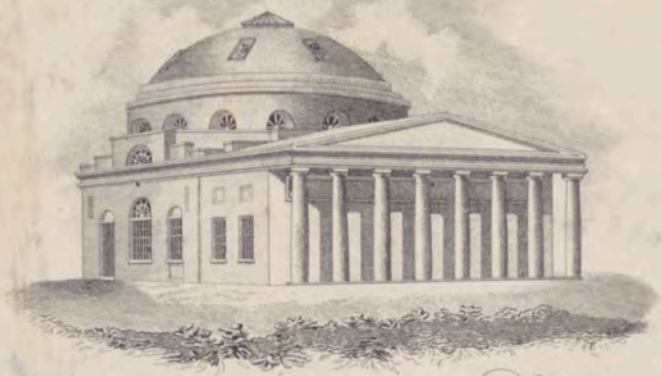

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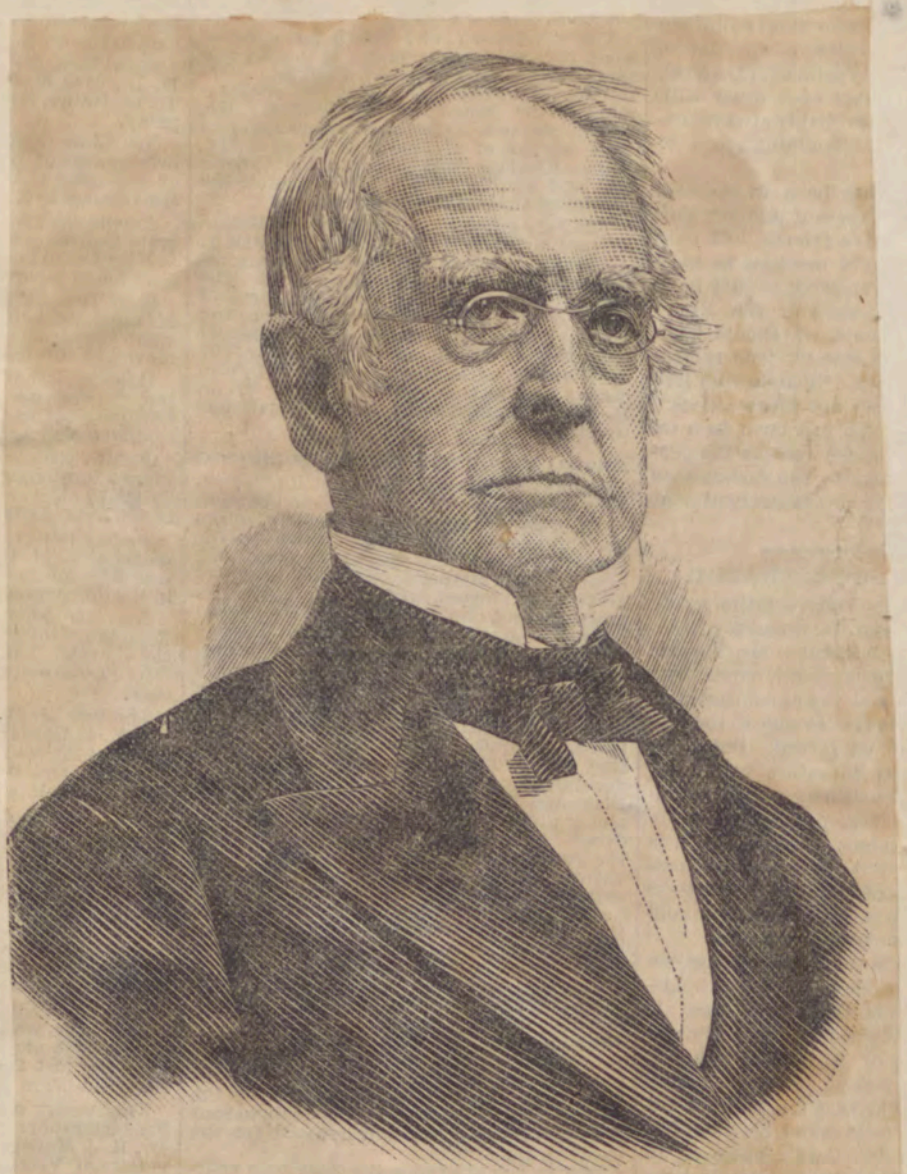

THE LATE PROF. NATHAN R. SMITH.

Notes on Prof. N. R. Smith's
Lectures on Surgery.
University of Maryland,
School of Medicine.

Louis W. Knight.

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PROF. NATHAN R. SMITH.

The daily journals for the past three or four days have published lengthy notices and detailed biographical sketches of the late distinguished physician and surgeon, Nathan R. Smith. His death occurred at his residence, No. 89 Saratoga street, Baltimore, on Tuesday last, and his dying bed was surrounded by his wife, an only son, several daughters, and other sorrowing relatives and friends. He was over four-score years of age, and for more than a half century had been a practitioner of medicine and surgery in Baltimore. His reputation as a surgeon, however, was not confined to Baltimore, for wherever the science of surgery had a votary, or eminent medical learning an admirer, the distinguished deceased was known and recognized as "imperial" in his profession. Among the faculty in Baltimore he was universally referred to as "The Emperor."

Professor Nathan Ryno Smith was born in the town of Cornish, New Hampshire, on the 21st of May, 1797. His father, Professor Nathan Smith, was at that time Professor of Medicine in Dartmouth College, New Hampshire. In 1813 the father was elected Professor of Surgery and Medicine in Yale College, and soon after removed to New Haven. Young Nathan Ryno passed his boyhood, and received his early education in Hanover, New Hamshire. He entered the freshman class of Yale College in 1813, and received his degree in 1817. The class to which he belonged, numbering about sixty, was distinguished for talent and scholarship, and many of its members in after years became eminent in their respective professions, among whom may be mentioned: Judge C. J. McCurdy, of Conn.; J. Prescott Hall and Bishop Delaney, of N. Y.; Prof. Baxter Dickinson and Judge Spaulding, of Ohio; and many others. When quite young the future surgeon exhibited a decided turn for literary composition, and in his junior year produced a five-act comedy, entitled "The Quixotic Philosopher," which was acted with great applause at the junior exhibition, the author himself taking one of the characters. It gave him no small reputation at the time as a humorist, but, unfortunately, no copy of it is now in existence. After receiving his degree, Mr. Smith went to Virginia, and accepted the position of classical tutor in the family of Thomas Turner, of Fanquier county, a gentleman of worth and high social position. He spent about a year and a half in the South, and then returned to New Haven and commenced the study of medicine under his father in Yale College, taking the degree of Doctor of Medicine in 1823. In his inaugural thesis, which was upon the "Pathological Relations of the Blood," he advocated the doctrine that modifications of the conditions of that fluid due to the absorption of poisons or changes otherwise induced were often the first elements of disease: contending against the theory then prevalent that all primary morbid impressions were made upon the nervous system exclusively.

In the spring of 1824, Dr. Smith, then twenty-seven years of age, established himself in practice, in Burlington, Vt., devoting himself especially to the surgical department of the profession, for the cultivation of which he had enjoyed special advantages in witnessing his father's practice and assisting him in operations. While residing in Burlington he married Juliette, the daughter of Mr. J. Penniman. In the following year Dr. Smith was appointed Professor of Surgery and Anatomy in the University of Vermont, and organized the medical school of that institution. Anxious to avail himself of every opportunity to enlarge his professional knowledge, Professor Smith spent the winter of 1825 in Philadelphia attending the lectures of the eminent professors of the University of Pennsylvania. He also enjoyed the advantage of the acquaintance of Prof. George McClellan, a zealous and able teacher of anatomy and surgery. At this time Prof. McClellan and other distinguished members of the profession were engaged organizing the medical department of Jefferson College in Philadelphia, and at their invitation Prof. Smith accepted the chair of anatomy, the duties of which position he filled for two years.

In 1827, the chair of surgery in the School of Medicine of the University of Maryland having been vacated by the resignation of Prof. G. S. Pattison, the place was offered to Prof. Smith, who, believing that Baltimore was a better field for enterprise than Philadelphia, accepted. The year after his removal to Baltimore his father died, full of years and honors, but leaving a family unprovided for, owing to his extreme liberality. Prof. Smith at once took charge of them, and proceeded to educate his younger brothers. Soon after his connection with the University of Maryland Prof. Smith invented and gave to the profession his well-known instrument for the easy and safe performance of the operation of lithotomy, up to that time one of the most dangerous and difficult of operations. About this period he also published a voluminous work on the surgical anatomy of the arteries, illustrated with many plates. The work was well received in this country and Europe, and went through several editions. He also contributed largely to the medical journals of the day.

In 1838 there occurred an interregnum in the government of the University of Maryland, due to a contention for authority between trustees, and in consequence Prof. Smith resigned, accepting a chair in Transylvania University, Lexington, Ky. In 1840 the University of Maryland was re-established, and he resumed his chair. The graduates of this institution bear evidence to the fidelity and ability with which Prof. Smith continued to discharge his duties during the half-century he was there. He always lectured extemporaneously, and was exceedingly plain and concise in his explanations. His large experience had richly stored his mind with information, which an admirable memory reproduced without an effort. In this long period the important surgical operations performed by him were very numerous. The operation of lithotomy alone he performed some two hundred and fifty times with success.

About the year 1860 he invented and introduced his apparatus for fractures of the lower extremities, termed the anterior suspensory. This is different from anything before employed in surgery, and its simplicity is as remarkable as its efficiency, while it gives perfect and gentle support to the fractured limb and allows the body to be moved any way at will. It is now used in all parts of the world, and the most eminent European surgeons have written in its commendation. In gun-shot wounds of the lower extremities this apparatus has greatly reduced the number of amputations.

In 1867 Prof. Smith visited Europe, where he received most flattering attentions from distinguished members of the profession in Paris and London, and on his return to Baltimore was welcomed by the whole profession of the city with a banquet and other demonstrations of respect. In March, 1870, Prof. Smith resigned his chair in the University of Maryland and devoted himself exclusively to his private practice. A few years ago he published, under the name of "Viator," a small volume, entitled "Legends of the South," consisting of romantic and legendary stories of Virginia and Kentucky.

Of Prof. Smith's usefulness to the human race a volume could be written. He was instrumental in founding colleges of medicine which now flourish as his noblest monuments; he extended the boundaries of the science he taught, and at length acquired a rank both as a teacher and a practicing surgeon which was second to none in his time.

It is a somewhat surprising fact that his father before him was one of the most distinguished American surgeons of his day, and that his son, Prof. Alan P. Smith, who succeeds him, has a splendid reputation as a physician and surgeon, so that the three generations have been eminent in the same direction.

In addition to his immense practice in Baltimore, he has been called to visit professionally almost every town in the State, as well as many distant places in other States. Thus his life has been one continued scene of active, laborious and useful exertion. His acquaintance was not only extensive, but reached to every rank in society. The poor knew him as their benefactor; the rich as their skillful, attentive physician; the rich were honored by his society, and the wise and the good received him as their friend and companion. His influence over medical literature was extensive, especially as exerted through his large acquaintance among medical men, by his advice and example, through the medium of the various schools where he taught. Just as it was said by a distinguished professor on the death of Prof. N. Smith, his father, that he had "done more for the improvement of medicine and surgery in New England than any other man of any time," so it is the generally accepted sentiment now that Prof. N. R. Smith, the son, did more for the amelioration of human suffering than any doctor of his generation. One of the faculties of his mind was a keen, discriminating inquisitiveness into everything submitted to his inspection; another the very retentive memory which enabled him in his last years to refer to the minute circumstances of cases attended fifty years previously; and yet another, the power of reducing all the knowledge he acquired to some useful, practical purpose. His moral courage was undaunted, and when he had assured himself he was right, he went ahead, regardless of censure. In him kindness was an inherent quality, springing from the benevolence of his nature. In all his intercourse with the sick the kindness of his heart beamed on his countenance, and the assiduity of his attention was unremitting. He was an exemplary citizen, and the purity of his mind was a predominant characteristic. He had strong social feelings and habits, and was free in his intercourse with friends. In the practice of his profession his accuracy, rapidity and decision were marked qualities.

DESCENDANTS.

Prof. Smith had nine children, of whom only three are living—Prof. Allan P. Smith, Mrs. Lanier and Mrs Montgomery—who, with his wife and Drs. Samuel and E. Warfield Theobald, and several grandchildren and great-children, were with him when he died. All of his four sons were surgeons, and at least ten of his descendants are now following in his footsteps in the practice of medicine and surgery. Two of his nephews, Dr. Nathan Lincoln, of Washington, and Dr. David P. Smith, of Springfield, Massachusetts, are very prominent. He leaves eighteen grandchildren and five great-grandchildren now living, and one of the grandchildren, Mr. Nathan Lanier, a promising student of Yale College, arrived here Tuesday night, having been informed by telegraph of his grandfather's approaching death.

Clinics

Notes on Prof. N. R. Smith's Lectures on Surgery. University of Maryland - Session 1866-67.

Phagadenic Chancre - 203-204.
Fract. Hum - near Middle 203.
Traumatic Aneurism 203.
Pressure on Stumps 203.
Flaps in Amputations 204
Abscess near the Anus 204.
Inguinal Hernia 204 -
Hydrocele 205
Hydrops Articuli 205
Bubo 205
Nebula 205
G. S. Wound of Leg - Amp. - 205-212-
Enlarged Tonsils 206
Traumat. St. Urethra 207-219-13-15-
Secondary Syph. 207
Ept. Indurat. of Groin 207
Varicocele 207
Gun. Cor - 208
Infl. Hum. glands from ulcer on toe 17 -205-
Soft Chancre 18.
Amputations - 18-

Hydrocele - failure of the test - 17-19-21-
Carcinoma of Rectum 17.
Affections of the eye - 17.
Physusis and Paraphymosis 19-21-21-23.
Fracture with Deformity 19-
Iritis 19.
Chancre at Meat. Urin - 21
Bad Burns of Hands 21
Gonorrhea - 21
Neuroma after Amputation 21
Strabismus 21.
Concealed Chancres 21
Secondary Syphilis - 22.
Stumps from Amputation 22.
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Fissure of the anus 22.
Second - Syphilis - Plum.'s Pill - 22.
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Hard Chancre - 23
Long case of Sarcocele - 23.

Hydrocele 211-
Secondary Syphilis 211-
Hard Chancre 211-
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Distortion of
Paronych - Maligna 219
Concuss. of Brain 221-13-15-17-23.
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Mucous pap. on anus 164
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Malignant tumor on thigh 168-
Remarks on fracture 13-
Hydrocele 14-
Syphilis 15-
Odcase of fracture 15-
Starch Apparatus - 15-
17.
Pyemia 17. 18
Burns 17- 18.

Incision Insects. 23.
Fract. Acromion 23.
Diphtheria - 23.
Lithotripsy - 23
Cephalgia - 23.
Adipose Sarcoma 24
Old G. S. wound 24
Cicatrix of Eye 24
Burn 24.
Varicocele - 24
Foreign B. from Ear 24
Wax in Ear - 24.
Laryngotomy - 24-
Hydrocele Sarcocele 24-
Chr. infl. of the Eye 24
Strang. Inguinal Hernia 24
Venereal Warts 24-
Cataract 24-
Test Bile 24-
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Dis. Shoulder J. - 25
Catheter 25-
Wen on neck 25-
Vinea Capitis 26
Epulis 26
Obstr. of urethra 26.

Ranula 27
Tonsils 27
Dist. of Bladder 27
Sarcoma 27
Keloid Tumor 27
Green Tea 27
Fract. Forearm 35
Tenotomy 35
Encysted Tumor 35
Fistula in ano 35
Bursitis 35
Rheum 35
Hist. of milk 35
Opalic acid with 36

Notes.

Lect. 1st. Irritation - Morbid excitation of the vital properties of a part. Lect. 2nd Irritation Cont'd. Local - Constitutional, and Sympathetic. In searching for local causes of irritation, never cut for any thing you can't see or feel. Lect. 3rd Inflammation - Operation for Cataract. Lect. 4th Results of Inflammation.

Clinique. In inflam. of the eye apply the leeches to the orifice of the nose. False joints more frequently result from fractures of the humerus, than any other bone. In using injections for gonorrhea always make the patient urinate first. Never use inject. if there is chordee ++ Remember, we rely on the resources of nature in a vast number of cases. Lect. 5th. In excessive hemorrhage from leech bites, I use red hot knitting needle. Bandaging, snugly, is often of great use in chronic inflammation. In acute inflam. Water solution of Opium ℥i to Oj boiling water. In using wet applications leave them exposed to the air - then they will abstract heat by evaporation. To promote suppuration use poultices - beneficial by their warmth and moisture - always cover a poultice up - renew a poultice every 3 or 4 hrs. as warm as patient can bear. I shall continue to object to Rhigoline, for local anaesthesia, until it is proven to me that it

does not leave the part in the same condition as results from chilblain - wh. is certainly not a healthy one. Clinique. In every case of wound of the liver I have ever seen, the patient has become jaundiced before 24 hours. Unbleached domestic makes the best bandage - linen is the best for wet applications - or for summer. Bandage for the leg. 2 turns around the foot - three to the ankle - back to the foot again - then up the leg. Sect. 6ta. Potass. Acetas is the best diuretic we have. (Bi C. Potass and Vinegar) give whilst effervescing - Calomel in treating inflammation is a good remedy - has been greatly abused. In Iritis we can see that Calomel arrests the deposition of lymph. In Membranous Croup is the most important remedy we have - No doubt as to its anti-plastic properties. In Ethmic inflammation characterized by hard swelling give calomel freely - in divided doses. Phlegmon. Occurs from local or constitutional causes - arises in cellular tissue. Every kind of inflammation is characterized by a different variety of pain, heat, redness and swelling. Swelling of phlegmon is of a conical form, hard, edematous. Throbbing pain. Pain does not abate on the appearance of suppuration - this is contrary to what you see in the books - it is the result of my experience. The parts - unless very loose and distensible are put on the stretch by the pus and of course there is more pain. As a local application in phlegmon - decoct. of poppy

heads. From suppuration we sometimes have a fever which runs thus. all the stages of an intermittent. In some felon parts are exceedingly hard, throbbing pain – don't hesitate to divide at once and freely. Lect. 1st Erysipelas. divided into Erythema – True Erysip. – edematous – phlegmonous. Erythema – simple form – from heat, mustard plaster – treat with W.S. – opium – constitutional form. never try to repel from the surface – use constitutional remedies – The following very good ointment ℞ Ungt. Cetacei ℥i Liq. Picis ℥ß Hydrarg. Ox. Rub. ℥i M. Antiphlogistic dict.

℔ In treating an abscess after it has been opened never squeeze the pus out, or handle it. There is a degree of elasticity in the walls and pus in fact jumps in air – also causes an effusion of blood into the parts. When air has access to the cavity of an abscess there is great fetor – elimination of noxious gases – sulph-hydrogen &c. True Erysipelas. Erysipelas may occur in other tissues besides the skin. Erysip. is very apt to relapse. Most favorable tendency is to desquamation – sometimes tendency to Phagedenic ulceration or hospl gangrene. sometimes to suppuration. There is a form of hepatic erysip. Never use a sponge but on one patient. Erysip. most frequently affects the face. Swelling generally not of a hard character. Itching, burning pain – redness – generally of a lighter color than that of phlegmon. Erysip. is contagious beyond all doubt. Puerp. Fever is an erysip. inflam. of the uterus. I – in company with another Medical gentleman – once went to see a case of erysipelas – two or three days after we were both (separately) called to a Lady in confinement

both these cases of obstetrics had Puerp. fever. I have seen most unequivocal evidence of its contagion. We know nothing of the poison. Treatment. Set to work all the depurating organs. Calomel as an aperient. If patient is anemic, tonics - stimulants - Sr. Ferri Chlorid. gtt. xxv - xxx every 3 hours in wineglassful of water - thro' a glass tube or rye straw. Local applications, will not subdue the disease as it depends on constitutional causes. W.S. of Opium - Erysipelas has a great tendency to travel from one part to another. I have seen it travel over whole surface of the body. To prevent this some touch the borders with Argent. Nitr - Nitric acid - have never seen much good from it however. In true Erysip. for easy applicat - are objectionable - with one exception Ungt. Hydrarg - rarely employ it however. If the part has a tendency to slough use Nitric acid - the following poultice if much falor exists. Rx Malt - finely ground. boil it in water to a firm consistency - Rye flour 1/4 part - Spoonful of sugar - When ready for application mix over the surface yeast - In short time fermentation will take place - Carbonic acid is an excellent antiseptic.

Clinique. I was called, last night, to see a case of "intussusception" - on examination I found it to be femoral hernia - always examine abdominal regions well in all such cases. I had a case supposed by the attending Physician to be diseased uterus - I found it to be femoral hernia. Case of Chronic Cystitis from Gonorrhea - been using Nitro-Muriatic acid - ordered Rx - Copaiba

2 capsules 3 times a day. Rheum is the best purgative in all diseases of the urinary organs - exerts some influence in passing thro' these organs - colors the urine. Case of Stone in the bladder child 4 yrs old. I once saw a surgeon operate and find no stone. Always be sure - Prof. Smith operated in this case and extracted 3 stones - Lect 8th Phlegmonoid Erysipelas - Tendency to suppuration - occurs in cellular tissue - Free and early incisions. (Some degree of shortening will follow almost any apparatus for fract. femur.) Operation for tumor above clavicle. Simple Sarcoma or Fleshy Sarcoma. In operating for tumor always make free incision - timid operators apt to make too small incisions - Carry the edge of your knife close to the tumor. This tumor may have resulted from hypertrophy of a gland - Never use sutures when adhesive plasters will accomplish the purpose. Prof. Smith dressed the incision first adh. plast. - lint - lint - folded piece of linen - bandage.

Lect. 9th Anthrax - Depends on some poison in the blood - not contagious - Lithic acid diathesis generally - Urine loaded with lithic acid - occurs most frequently on the back - back part of the neck - begins with a little pimple or vesicle - intense itching and burning - patient scratches it and bursts it - kind of hard cake of morbid lymph forms and spreads and becomes a foreign substance - putting the cellular tissue on the stretch. I have seen this deposition of lymph cause death twice by extending all round the neck, making it as hard as a post - compressing blood vessels - trachea - inducing apoplexy - Very rarely exhibits this form -

If carbuncle be left to itself more healthy lymph will be deposited and put a stop to the disease. As the disease progresses the little vesicles ulcerate giving rise to a cribiform appearance. The bad lymph is at last thrown off - you will sometimes see muscles as completely denuded as tho' laid bare by dissection. Bad cases tend to gangrene. Treatment. If you see the disease in its incipiency, touch the little pimple with caustic potash or nitric acid - same as the treatment for a chancre - you will often destroy the disease - very rarely called in so early however. If the disease has progressed make + incisions - carry yr. knife well down; do not be fearful of cutting too deeply, for you see the skin is well elevated. If there is a tendency to slough use Ferment. poultice - correct lithic acid diathesis Rx C. Potash grs. xx -

Clinique - Here is a fibrous tumor removed from the breast of a lady - yesterday; these tumors are removed with great facility - with yr. fingers on both sides of it make a full, free incision right down on the tumor - you will find it enveloped in dense cellular tissue - keep the edge of yr. knife close to the tumor - it is better to wound it than the surrounding tissue - in this case I wounded nothing but the skin and cell. tissue. I have seen a surgeon cutting for ½ an hour dissecting out one of these tumors - there is no necessity for this -

Case of Gun Shot wound of Jaw - with fracture -

ball probably lodged in posterior wall of pharynx.
We are nearly powerless in this case - can apply no bandage for the fracture - too much swelling - pain.
Division of tendon for club foot. First puncture the skin with a lancet - then with a dull pointed knife divide the tendon - dress the wound in the simplest manner possible - apply limt quickly before it bleeds much - bandage well - continuity of the tendon is restored by adventitious substance. Case of Stone in the bladder - Boy about 6 yrs. old - Operation - extracted one stone. In pressing the cutting director down be very careful you don't involve a fold of the rectum. Case of hard chancre - Very likely constitutional symptoms will follow - Wash pt. j Bi Cl Mercury - ℥j Aqua pt. In cases of small soft chancres I often excise them off with scissors.
Lect. 10th Common furuncle nothing but a small carbuncle. Use of too much sugar apt to produce furuncles - In common furuncle don't wait for complete suppuration.
Cold abscess. All the characteristics of inflammation absent - first hard tumor - not painful - slowly suppurates - I saw sometime a lady from Ohio said to have a malignant sarcoma - on examination I found it to be cold abscess. It is always dependent on constitutional causes - Treatment - In its incipiency what is to be done? - Gen. diet - bowels open - Prep. of iron - Tumor being indolent you may use stimulating applicat. Chloroform Liniment - Soap lin. gentle frictions - When it fluctuates

open freely - pressure - after opening - by a snug bandage to promote absorption - Pyemia - often follows surgical operat. - injuries - The term indicates pus in the blood - Belief was formerly that pus is absorbed into the blood, thus making it unfit for the purposes of nutrition - now thought that pus globules are too large to be absorbed by the blood vessels - The debris of pus globules are absorbed causing the disease. I have seen my patient perish twice by from pyemia - after extensive surgical operations - in both cases great loss of blood. There is often hepatic abscess - or abscess in the lungs - in both the lungs and liver the capillaries are very minute and the substance causing pyemia apt to be arrested - Rigors - febrile reaction. When a vein is inflamed or concerned fluid is liable to be propagated to the heart - disease liable to travel towards the heart - arteries, not so - fluid may be eliminated in the capillaries - Treatment - Beef tea, Generous diet - diffusible stimulants to give an impulse to powers of life - then sustain by Ferrum - Solutions of Continuity - Wounds - Ruptures - as of a tendon - Fractures. Some recognize solutions of contiguity - as in a dislocation - not advisable however - Wounds - Incised - the keenest cutting instrument looks like a saw when viewed by a microscope - Punctured, Lacerated, Contused, Poisoned - Very dangerous to dissect subjects dying of Puerp - fever - peritonitis. Incised Wounds - As all important organs are deeply seated, deep wounds are most dangerous. Principal point of danger is hemorrhage.

– no opportunity for formation of coagulum – generally very open and easy to secure the artery – disagreeable results will depend on the function the part performs – muscles divided ligamentous substance will interpose – Nerve divided function of that organ at once stopt. The nerves, not being put upon a stretch, like muscles, do not recede and, under certain circumstances, may be restored. After simple incised wound nature, in a short time, establishes an excitement – not inflammation – lymph is poured out – becomes vascular – cicatrix – this is union by first intention – Suppose this is defeated – wound then heals by suppuration and granulation – Skin is never reproduced. Lect. 11th. Here are two enlarged tonsils I removed this morning. The tonsils are not important organs – merely an accumulation of mucous follicles – I have seen enlarged tonsils hang down into the asophagus – as long as one of my fingers. I suppose I have operated 2000 times for enlarged tonsils – have never seen any disastrous hemorrhage – simplest thing in the world to remove them – Exhibited an instrument – much hemorrhage sponge with Liq. Ferri Persulphs. Incised Wounds. Remove suture pins on 4th day. Granulations always arise above the surface. Hemorrhage First thing to be seen to in incised wounds. Flow from an artery is continuous but receives impulses from the heart – I have known instances where even large arteries have been cut and yet hemorrhage cease of itself – case in wh. popliteal artery cut – hem. ceased of itself – patient becoming very faint, from loss of blood, impulse of the heart was diminished – coagulum allowed to form – Arteries have 3 coats – external

or cellular - middle or fibrous - internal or serous - The middle coat is elastic - is the proper coat of the artery - Both inner coats are nourished by the blood of the artery - by imbibition - cellular coat is the strongest; it is nourished by the vasa vasorum - wh. arises from the surrounding parts - the inner and middle coats are very brittle - external one very strong. I put a boot hook under the carotid artery of a horse, and with much force broke the vessel - profuse hemorrhage - horse became faint and hemorrhage at length ceased. I found the inner coats broken in a hundred places - outer one only broken once - Bear in mind an artery is always in a state of tension, and when cut at once retracts and contracts - Retraction, contraction, diminution in the force in wh. the blood flows, from faintness, and formation of coagulum are what nature brings about to arrest hemorrhage.

1 - internal coag.
2 External coag.
3 Wound
4 Branch of artery

We will suppose an artery cut by a chisel - profuse hem. patient faints - wound becomes completely stuffed with coagulum - (external) this stops the flow from the artery and internal coagulum, of a conical shape and reaching up to the first branch, is formed - after a little lymph is poured out, from internal coat, on the surface of the internal coagulum, wh. becomes organized. We take our lesson from nature and apply a ligature wh. very effectually performs the office of external coagulum and allows the internal coagulum to form. Ligatures for large arteries of saddler's silk - for small ones

sewing silk - well waxed - ligature divides 2 inner coats - only presses together outer one. When called to a wound with hemorrhage, clear out the coagulum - dilate the wound if necessary and search for the artery - tie both extremities.

Clinique In our second case of stone boy lost about ℥ iv blood. for about 48 hours seemed to be doing badly - he was a bad subject for he had attacks of epilepsy - likely the stone had something to do with it - he now appears much better - principal nourishment is milk punch - our first case doing well. I never apply any dressing to the wound after operating - the urine must flow from the wound and dressings would soon become wet - also wd - very likely force the urine into the surrounding cellular tissue, causing sloughing. I simply besmear the wound with Cerat. Simp. or Lard, to prevent the urine finding its way into the tissues. It is thought to be better to make the patient lie on his right side - we cut on the left. Old theory was that a wounded membrane never heals. I once operated on a man who 2 weeks after the operation, walked to my office from Miller's hotel - very imprudently - I operated yesterday for cataract - found it to too hard to break up without injury to other parts - slipt it out of the axis of vision (couching) after the operation eye looked perfectly natural - the lens may create much irritation - would prefer breaking it up. After operating for cataract the patient sometimes does not see for 2 or 3 mo. Mentioned a case - man didn't see for 6 months after the operat. when vision was gradually realised by the absorption of the fragments - another case - same length of time -

Case of chronic ulcer - Too profuse granulations - principal reliance in this case to be placed in firm bandaging - On account of the dependent position, sores of the leg are more difficult to heal than of any other part of body - in this case abstinence - Bi. Chr. Hydrarg. gr. j - ℥j Aqua. as a wash -
Hard Chancre - Hydrarg. most appropriate remedy -
Gon. Ophthalmia - Man had inflamed eyes - washed them with his urine - having at the same time gonorrhea !!
Hair pencil dipped in solution Argenti Nitr. to the lids - Case of Wound of Jaw - skin excipitates over neck and breast - the trachea or on the bronchial tubes may be wounded - very probable - We are powerless in this case - trust to nature - warm fomentations - Generous diet - The jaw is fractured but parts are in apposition - can apply no bandage - too much swelling - Case of Divided tendon for club foot - foot already in better position - Told for it does not come at once into proper place - in this case may become necessary to divide tendon of tibialis anticus also - The foot must be put into a shoe made for that purpose.
Lect. 12th Wounds of Arteries - Objects to animal ligatures - Never content yourself with the use of Styptics if artery is of large size - In enlarging a wound cut parallel to a muscle - Common error of young surgeons is neglecting to open a wound sufficiently to have free access to the artery - You can always cut in a direction not to injure important parts - In applying a ligature first draw tightly and steadily for about a minute - and then second knot - always tie above a branch or small have sec. hemorrhage

In some instances when you examine a wound blood seems to be spurting from an artery when in fact it is coming from a canal in the coagulum - showing necessity of always cleaning off out the coagulum. I have commanded hem. from femoral artery twice by compress - Very little pressure is required to command hem. from an artery - if applied directly. Never rely upon a compress when you can apply a ligature. I have seen children bleed to death from leech bites and scarified gums - in spite of all I could do. Liq. ferri Persulph - best styptic - or dry persulphate - wet piece of sponge or lint and put into the wound. Alum - very good - case of secondary hem: after lithotomy, I once arrested the flow of blood by a plug of alum - patient got well. Alum is not a caustic substance; produces a very hard coagulum. Actual cautery - In heating a knitting needle for act. cautery make some one else do it - the blaze will prevent you from seeing the wound after you have heated the needle. Torsion. In my experiments when the artery was cut great hem - when torn, very little. When an artery is broken outer coat stretches - inner coat broken in many places - blood adheres to the rough surface and coagulum forms. Wounds of veins, in relation to hemorrhage - not generally of much moment - avoid applicat. of ligature if possible - very dangerous on account of phlebitis. Simple compress generally sufficient. You notice when you expire veins of neck fill up - inspire they empty. In extensive surg. operat. about the neck always compress the veins below - if you do not air apt to enter - go to auricles of the heart - Cause instant death.

Closure of Wounds. Simplest way always best. Never use sutures or adhes. plast. when other methods will do. When a wound doesn't gape, pledget of lint. Accumulation of blood in a wound one of the most common cause of Sec. hemorrhage. I have seen great trouble from the use of hard compresses for arrest of hemorhage. Mentioned a case of wound of palmar arch. Surgeon, instead of searching the wound and securing the bleeding vessels, applied compress of hard wood to the whole palm of the hand. Clinique. Wound of jaw. Swelling considerably abated. emphysema nearly gone. Very rare for false joint to result from fract. of jaw. Most of the apparat. for treating this fract. are worse than useless. Simple bandage best. Bullet may remain for life in this case and not produce bad results. Lithotomy. Man. 3 very little stones. Out two other cases doing well so far. Don't make a very wide incision; better to struggle a little with the stone, than to cut too much. Sect. 13th. Erysipelatous inflammat. sometimes arises under adhesive strips. There is no virtue in adhes. plast. — mechanical office altogether — necessary evil. Sutures. Glover's. Interrupted. Twilled. Silver. Surgeons lately have a notion that silver sutures are less irritating than silk. They say that silk absorbs the secretions from the wound and thus becomes a source of irritation. The wound is closed however before this can take place. Silk is more pliable. Leaves no projecting points. Removed with greater facility. Still there is not much difficulty

in removing silver sutures - as a general rule don't disturb a wound before the fourth day. Ligatures always to hang out of the most dependent angle of the wound - lig. also serve to conduct out secretions - act part of a trut. Ligatures not to be disturbed - small artery 5th 6th or 7th day - large artery, about 12th day - In removing adhes. plast. take off one at a time - Just as a new strip - then take off an old one - new one put on &c. Remove sutures on 4th day. If wound becomes much inflamed W.S. of imm. water. If suppl. inflam. arises take off adhesive strips. Punctured Wounds - More likely to reach large arteries than incised - apt to produce aneurism - tetanus - Wound of muscles of ball of thumb very apt to be followed by tetanus - In punct. wounds always expect high degree of inflammation. Treatment - Simple punct. wound. Old surgeons always laid open a punctured wound, wanting to convert it into an incised one - never incise unless parts are greatly on stretch from pus or coagulated blood - many simple punct. wounds get well of themselves - shewing the absurdity of always cutting open a punctured wound. Rest - bowels open - W.S. of imm. Punctured wound which has reached a large artery - Mentioned a case - dull knife wounded fem. artery - Very narrow wound - when I reached him found wound stuffed with coagulum and not bleeding. aneurismal knit - applied tourniquet - turned out the coagulum - inserted director same attitude of the leg as when wound was inflicted - cut down and exposed the artery - ligatures - above & below - A good surgeon rarely

resort to compressers and styptics for a large artery -
Lacerated Wounds - Seldom have fatal hemorrhage - Mentioned a case, arm torn from the scapula - axillary artery torn - little hemorrhage - Effect much inflammation - Bear in mind parts are not only injured at lacerated point of skin, but also at other places - from the great wh. has been exerted - of tendons, arteries - veins - or nerves hang out of the wound cut them off -
Gun Shot Wounds - First, with regard to the injury inflicted by gunpowder itself. There are always some grains wh. are not burnt - Shot a gun over snow and you'll find this true, The powder burns the part. You must pick out every one of the grains with a needle, before using wet applications - they dissolve the powder and cause its diffusion thro' the tissues. If any grains are left an indelible stain results -
Lect. 14th G.S. wounds - absent
Clinique - In the case of Gen. opthth. pretty good vision has resulted - not often we can accomplish so much - G.S. wound of side - no internal organ wounded - of very little account. Had a friend wounded in the thigh, in a duel, - portion of pants carried into the wound and on taking his pants off bullet was pulled out by the cloth - had been tucked in -
Stimmons inflam. of eyes - Sulph. Cupri - linen wet with cold water - ℞ Rhei Pulv. gr. x Pot. C. Hy d - gr. v M Syr. Zenii Iodid - gtt. x 3 times a day - G.S. wound of Jaw. Coming on well - In scrof. inflam. of the eye danger of ulceration - also of staphyloma - Fract. both bones of the leg - Ant. Splint - first 3 strips - above ankle.

below knee - above knee - bandage same as used for leg -
Secondary Syphilis - Iod. Potass. ℥ß - ℥v; Aqua Teasp 3 times a day
Case of Compound, comminuted fract. of humerus, above elbow -
9 wks-old - caused by a fall on the elbow - necrosis - In my
opinion his arm cannot be saved - You see the man is old -
long time since occurrence of the injury - elbow is anchylosed
- fract. is comminuted. - necrosis - I have seen, in this
house a bone fractured in many pieces - by a bullet for
example - yet all the fragments will have their
vitality restored and bone heal as a whole - Our cases
of lithotomy all doing well - second case was a bad subject
- had epilepsy - stone might have had something with
producing it - has had no fits since the operation -
still I have concern for him - first case well - gone
out of house - man doing well -

Lect. 15th. - I think, very often, a minnie ball hits with its
base first - or laterally - instead of the point or apex - a ball
may bruise the coats of an artery - sloughing after awhile - second
hemorrhage - Never remove a bullet when it will require a great
amount of cutting - you do more damage than the ball will do
if allowed to remain - presence of a bullet not apt to result
in serious consequences - They become enveloped in a sort of
cyst of cellular tissue - Mentioned a case - bullet in the knee - I
advised that it be left alone - surgeon removed it - however -
hypochondriasis - disastrous results - even sometimes when we can
feel the ball we don't extract it, for fear of injuring
important structures - When called to a G. S. wound always

Place the patient in the position he was when shot - then examine opposite side of the limb, or body - Mentioned a case - man shot in thigh - probed the wound and thought the ball had taken course down towards the knee - but in manipulating found it other side of the limb - probe would not go in directly but obliquely - very deceptive - Probe with porcelain knob - Nelaton's Probe - rough surface - like a file - to be rubbed on on bullet - These probes to be used when you strike a hard substance and are not sure if it is the bullet.

Sept. 16th Removal of large tumor from the neck - Medullary - now malignant - Case of Scirrhus of breast. Hardness - Knotty feeling - adhesions of the skin - deep retraction of the nipple - with a discharge of thin pus - I have examined the axilla - does not seem to be involved - if I found the glands there had I would not operate. I will operate in this case to-morrow - The disease very likely will return, but there's a chance it will not and at any rate we prolong her life - Few remarks on G. S - wounds - Chinique - Lithotomy - Boy about 8 yrs. old - Strange to say he also, has epilepsy - before the other day I had never operated on a patient who had epilepsy - rather an unfortunate circumstance. Symptoms of Stone Great pain in urinating - prepuce elongated from pulling on it - sudden stoppage in flow of urine - patient rolls about to change the position of the stone - Nevertheless we never operate without sounding - In this there was a little hemorrhage - packed wound with lint - Scirrhus of Female Breast form of the incisions - Fibrous and Medullary - I don't

operate in 1/3 the cases I formerly did. In cancer of the lips the operation is very often successful, as the disease is generally due to a local cause - cigar or pipe - Mentioned a case in which man was in the habit of tucking his quid of tobacco aside of his cheek - produced cancer.

Lect. 17th In extensive gun shot wounds we cannot always wait for reaction but amputate at once - Contusions - Injuries produced by obtuse bodies - 3 varieties - 1st Simply a violent compression of bloodvessels of the part - blood is forced out and produces discoloration, without any rupture of the bloodvessels - 2nd Skin isn't broken but parts under are - cellular tissue, muscles &c - Sometimes rupture of an artery - 3rd Parts absolutely disorganized - Treatment - 1st Variety - We will suppose a man has received a blow on the face - Immediately wet a towel or handkerchief with cold water and press simply on the part - to prevent effusion of blood or an increased flow to the part. It is seldom we can see our patient as soon - before discoloration - what then? Sol. acetate lead W. S. opium - never apply leeches to remove the discoloration - Pressure of a bandage or compress is one of the best Sorbifacients - Treat. of 2nd Variety - Towel wet with cold water - If a large artery is ruptured - aneurismal knot - Open the skin - turn out the clot and secure - It is very surprising how large a quantity of blood will be absorbed - Mentioned a case - bruise of hip - blood found its way down the leg to the foot - great amount found out - all absorbed without any trouble - Suppose the parts are put greatly on stretch by the blood - great-

pain &c - why then we freely divide and turn it out - sometimes - after this - pain ceases at once - Be careful for are not officious in too much handling of these tumors formed by effused blood - Poisoned Wounds - 1st Wounds caused by poisons wh. are morbid - as that of a rabid dog - wh. is the result of diseased action - 2nd Poisoned wounds produced by poisons wh. are normal secretions - poison of serpents &c - Hydrophobia - Some doubt the disease can be spontaneous - I do not. I have seen a disease - at any rate not to be distinguished from hydrophobia - by the symptoms - originate in persons who had never been bitten - case of a man in jail - not more than 1 in 20 who are bitten this clothing will have the disease - the cloth wipes the poison off - The disease generally comes on 6 weeks after bite - 6 to 8 wks - 4 to 5 sometimes - Sect 18th Dogs, as a general rule, do not avoid the water - Dog first sickens, becomes sullen - mashes wood - stones earth &c - I will describe the disease by mentioning a case - Man bitten on the hand - skin merely grazed - very little blood drawn - this is the worst sort of bite, for it bleeds much poison very apt to be thrown out with the blood - 6 wks. time - Great depression of spirit - loss of appetite - pulse hurried - dysphagia - none of these symptoms attracted much attention until his wife brought him a cup of coffee - the moment he saw it, became greatly agitated, got out of bed and ran up stairs - could not endure the sight of any thing wh. wd. remind him of water - or a bright tin basin - looking glass. Well we gave him opium in large doses - about

this time a case was reported in the journals - patient said to be cured by vapor bath - we tried this but the moment the vapor condensed on his body he became greatly agitated and could not stand it - Give no idea the case reported was one of Hydrophobia - Our patient died in a convulsion - as they generally do - Treatment - There is no doubt the poison remains latent in the part for some time - If we see the patient shortly after the injury destroy the part well by caustic potash - or any time before 6 wks - even then if symptoms haven't come on - Here let me tell you always direct that the dog be kept - if he has the disease he is sure to die - if he lives of course our patient is safe, for his bite will be productive of nothing serious - Some persons kill the dog and leave us in doubt - I have no confidence in remedies after the symptoms have set in - We may use - besides caustic potash to destroy the part - calomel as a constitutional means - some think - very rationally - that it stirs up a new action in the system which may prevent the poison from acting - Chloroform Opium, hypodermic inject - of atropia - morphia - have been recommended for treating the disease - It was formerly doubted that any animal which did not have canine teeth could propagate the disease - now settled that they can - beyond all doubt - Second class of Poisoned Wounds. Sting of a bee - The poison of the bee is said by Dr. B - of Chicago to be identical with that of the rattlesnake - The sting of a bee produces less disastrous results because the poison is much less in quantity than in the bite of rattlesnake - I came very near

losing a patient who swallowed a bee in some honey - insect stung him in the throat - great swelling resulted - nearly closing the glottis - If it had become necessary I should, of course, have performed tracheotomy. When many bees sting, great danger of absorption of the poison into the blood - How wd you treat such a case? Stimulants, warm drinks to promote diaphoresis - Carb. Ammon - gr. XX - XXX said to act by neutralizing the acidity of the poison - for the poison of the bee is acid. Bites of Serpents. Rattlesnake - Bite not necessarily fatal, for sometimes the serpent is exhausted of venom - or person may be bitten thro' clothing - wh. often wipes the poison off of the fang - Effects - Great pain in the part - Depression of nerv. syst. - part becomes very much swollen - body gradually becomes edematous - If patient survive first shock reaction comes on - Treatment - Stimulants to sustain powers of life in their struggle with the poison - Remember in moderation - I heard of a case - man drank at least a gallon whiskey - this was enough to kill him by itself - Suppose you are present when a man is bitten by a snake - ligate the limb by means of a handkerchief and stick - Scarify the part and apply cupp-glass or suck the part with the mouth. In this case not of much account to cauterize - for you see the poison is not confined to the part any length of time - as in the bite of a rabid dog - Good plan to open a vein below for. field tourniquet. The best remedy - beyond all question - is Iodide of Potassium - it appears

to neutralize the poison - Dr. B- mixed iodine with the poison of the snake and it had no effect on animals - Arsenic - Fowler's Solution - largely diluted - good remedy.

Clinique - Case of comp- Comminu. fract. of humerus - reported before - Circular Amputation - Dressings - Sutures - adhesive strips - greased piece of linen - lint - compress - bandage - Don't screw the tourniquet up gradually but quickly - Case of wound of jaw - Swelling greatly abated - found the bullet under the integument of the throat - Saturday Nov. 17th 1866 -

Lect. 19th. Do bites from rabid dogs destroy the part, by caustic potash, to the extent of 1/8 - 1/4 inch - Bites of Venom. Serpents 3i of Iodide of Potass - at a dose - Fowlers solution 3ii in tumbler of water - Dissection Wounds - Erysipelas - so far as I know - is the only disease that produces bad results from dissection wounds - Malignant pustules - from handling bodies of dead animals - Mentioned a case - two men skinned a cow wh. had died of some disease - one of them died of malig. pustule - the other one I saved by destroying the pustule with nitric acid - use of stimulants - warm drinks &c - In making a post mortem examination sometimes the operator doesn't cut himself in the slightest degree - yet disease comes on - his hands have been bathed so long in the fluids that skin becomes macerated and poison is absorbed by the cuticle - Always use linseed oil or gloves in dissecting - You wd. treat dissect. wounds by stimulants - We come now to consider - Wounds of particular Regions - Wounds of the Head - Bleed freely - the arteries are all near the surface - Simple cut - interweave the pair - pledget of lint - Suppose extensive wound - flap hangs down as in a sabre cut -

- use sutures - not adhes. plast. for you will there have to shave off the hair - irritation also follows from their use - I operated the other day on a lady's breast - erysipelas came on - exactly in the places where the plasters were - completely defined by the plasters - no erysip. inflam - any where else - I never use them where it is possible to do without. Suppose a flap hangs down in this manner V - what then? If you return it, simply, the flap will hang down by its own weight and form a pocket for pus - make an incision into its base and then return V - sutures - also you may insert greased lint to conduct out secretion.

Wound about temporal muscle - Great pain in masticating - Pus apt to find its way down the sheath and point in the mouth or outside at the angle of the jaw - Wound of the Temporal artery - If artery is partially divided - cut it completely - compress - Gentleman came to me with finger completely cut off - replaced it and continuity was restored - Case related in the journals where a man's nose was cut off by a piece of glass - replaced and continuity restored - Such things are possible - Mentioned a case - man's finger nearly off - hanging by a shred of skin - I distinctly felt the pulsations of an artery in this shred - replaced finger - sutures - continuity restored

Wounds over Brow - apt to be followed by amaurosis - injury of supra-orbital nerve - use sutures. Wounds of cheek duct of Steno apt to be cut - salivary fistula - If the wound doesn't open into the mouth make it do so - Then hermetically seal up outer wound - by sutures - You thus make the

saliva enter the mouth and after will it will take its course there permanently - Continuity of duct not to be expected restored.

Wounds of Nose - Fine silver sutures or silk - Wounds of Lip - Twisted suture - To avoid cicatrix Sometimes apply on inside of the lip.

Wounds of Eyelids - Sometimes eyelids are wounded and eyeball escapes -

Wounds of Tongue - Sometimes wounded in epileptic attacks - often great hemorrhage - styptics - act. cautery - Sometimes when patient is sensible, he will protrude his tongue, and then, likely, we can apply a ligature - Clinique - The man is dead who had wound of the jaw - Died suddenly - Post mortem - Pharynx wounded thro - Larynx not wounded - Emphysema may have been due to the ~~impediment~~ impediment to the exit of air. The man always swallowed with difficulty - Whenever he swallowed fluid must have entered his glottis - very likely death caused in this way. + Tumor over fistula said to be aneurism - you see at once it is not - for there is no large artery in its situation - we could have an aneurism by anastomosis however - but this a tumor of malignant character - medullary sarcoma - tumid or pulpy feel - now called fungus Hæmatodes. I was called the other day to see a boy with necrosis - great pain - hard swelling of the leg - pus under the periosteum - made a free incision right down to the bone and pain was relieved. If I had waited thinking the swelling would point, great injury would have resulted - Large portion of the bone would have become necrosed - Our second case of lithotomy doing badly - rigors - anorexia - Great agitation of nerv. syst. Pain in belly - and numerous other bad symptoms - Wound doesn't heal - Scarcely any chance for his life - has had no attack

of epilepsy since the operation - was an unfavorable case from the first. Epithelioma - disease has returned for 3rd time. I operated first - Prof. Johnston afterwards - would not advise a third operation. I feel the glands of the neck hardened - Case of Necrosis. I very often have occasion to remove one of the phalanges of the fingers - wh. has become necrosed - Case of Necrosis of the finger - soft parts sloughed away - tendons destroyed, bone completely denuded - If in this case the soft parts had been early divided no such bad results would have followed. You see the pus was confined within the sheath of the tendons, and produced this state of things. + Fract. Femur. You observe the limb turns out a little - should do so - Obliquity of the Cord makes extension - weight of the body counter-extension - observe the support given by the bandage - every turn of the bandage adapts itself to the shape of the limb - I will keep the limb in the apparatus for 6 or 7 wks. + Abscess of Jaw from carious tooth. Great hilly these abscesses are allowed to point externally instead of inside - cicatrix deforms. Case of Necrosis - leg greatly swollen - hip joint natural - knee joint natural. - punctured let out serum and pus.

Lect. 20th. Wound of the Jaw - In that case Recurrent Laryngeal nerve was cut - man died of suffocation. (came death as reported yesterday) he previously had no difficulty in breathing - if he had had any difficulty of course I would have performed operation of tracheotomy. Case of Lacerated and Contused wound of hand and arm. In this case I shall make an effort to save his arm - knowing at the same time we are

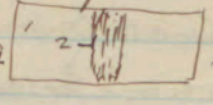
running some risk in regard to his life - but the patient is a laboring man and his arm is his all - at the same time there is good warm in his hand - good circulation - principal arteries not being injured - good constitution - and there is some hope that we may succeed. We can't operate, in this case below the elbow - You see there is an accumulation of blood in the hand - under the integument - this I will let out as it will otherwise cause damage - Rubbed arm and hand with olive oil - linen with cerate to the lacerated parts - wet bandage - keep his fingers splinted - otherwise, if we succeed in saving his arm, they may become anchylozed - that is if allowed to be half open all the time. We will now go on with our Lecture - Wounds of Throat - Some of the most important vessels in the neck - trachea - oesophagus - Large blood vessels and their branches - Hemorrhage - ingress of air into the veins causing death instantly - may both result from wounds of throat - Most of the wounds of the throat are inflicted by the suicide - razor or sharp knife - The suicide throws his head well back and draws the instrument - as the common expression is - from ear to ear. When he throws his head back the great vessels are retracted - the carotid arteries lie on both sides of the spine - which is rendered convex and the vessels are drawn back - Frequently the razor or knife enters between the os hyoides and the thyroid cartilage - wound of the larynx in itself is not of much importance - but if the knife passes thro' and cuts off the epiglottis - the latter will very likely fall into the glottis - causing suffocation -

In wounds of the throat Sup. Thyroid - lingual - facial art. may be wounded - from these wounds there is a great discharge of mucus - you may close them ever so accurately and still the discharge will continue - union by first intention impossible. I merely cover the wound with a woollen comforter and leave patient to resources of nature - of course securing bleeding vessels - Mentioned a case - Man - Intemperate - fit of insanity cut his throat - lay undisturbed in his blood for about 2 hours - when he was found - no doubt owed his life to this circumstance - for from officious meddling he would likely have died - cut entirely thro' upper part of thyroid cartilage - also thro' pharynx - leaving only a small shred on anterior part of spine. When I arrived, cleared out coagulum - secured one or two bleeding vessels - and wrapped his throat up in a woollen comfort - had'nt the slightest idea the man wd. get well. Well we went on to feed him, by means of an injection pipe, inserted into the oesophagus and he grew better and better every day - until at last there was a small opening left, about the size of the point of my finger. I intended closing this by an operation but he killed himself drinking whiskey before I had an opportunity. W. of oesophagus - When patient swallows fluid gushes out of the wound - Very uncommon occurrence for oesophagus to be wounded.

Clinique - Tumor over fibula - (Before reported). I believe Fungus Hæmatodes is nothing more than medullary sarcoma - with more effusion of blood - I would have been very cautious about opening this tumor if it had'nt already been incised by another Surgeon - You see this tumor is situated on the fibula - near the knee joint ... amputation above the knee only means left open to us - we cannot remove this tumor for fear of suppuration into knee joint - We will wait in this case a little time -

Tumor of Jaw - Melanosis or Black cancer - Very difficult operation - care and circumspection - two tumors - one superficial - other deep seated, under mastoid muscle - I have not wounded a single artery of large size - - wounded vein - pressure on it ance - for fear of air entering - Fract. of both bones of the leg - Starch apparatus - Fract. has existed 17 days without treatment and nature seems to have given over her efforts - I now beat the place of fracture with my knuckles - and also rub the ends of the bone together - this is to excite action in the part - I now bandage the limb - if this were a new case of course I would not do this - for then the limb might swell and the bandage cause it to be strangulated - now it is an old fracture and there is no danger of swelling. Starch apparatus - 4 pieces of binder's board cut in this shape [ ] - 2 of these placed together - making these two splints out of the four pieces. Wet these well with water - then starch them ... then bandage around each splint - then apply to the sides of the leg - and confine them there

by bandage - also starch this bandage - place a pillow under the leg - Very certain union will take place - Case of Pyæmia - Has had Typhus fever - from Maine Hospital - Pyæmia is now called Ichordemia - paralysis of upper eyelid - must have been a very bad case of Typhus - (I forgot to state that Prof. Smith, after operating for the tumor of the jaw - melanosis, dressed it in the following manner - to avoid secondary hemorrhage - first greased linen - laid over the wound - then lint on this linen, directly over the wound - linen and lint pushed into the wound - linen then folded over - compress over this - then bandage



No. 1 - would mark the linen
No. 2 the lint - directly over the wound
3 and 4 the two ends, which are folded over the lint -

Sect. 21st Stabs above the clavicle are exceedingly dangerous - if subclavian artery is wounded patient very likely die before you can expose the vessel and secure it - a very difficult operation - Wounds of the Chest - Intercostal Arteries - from the aorta - along the inferior border of the rib - if they are wounded the blood will generally be poured into the cavity of the chest - seldom externally - and compresses the lung, causing collapse - patient will be greatly prostrated - for some time when he will generally rally and recover - How will you know the lung is collapsed? Drum like sound on percussion - greatly contrasted to dull sound on uninjured side - the blood, of course, falls into the posterior inferior part of the chest - from its weight - this blood

gives a dull sound in those regions of the chest. If the accumulation of blood is great, it will displace the heart. When called to a case of wound of the chest, how are we to know whether the blood, flowing from the wound, is from the intercostal arteries or from the lung? If we insert a bitten folder, for instance, into the wound blood from the artery will flow over the anterior surface of it - if from the lung on its posterior surface - as a general rule - Then the blood from the lung will be dark, venous blood - you see the pulmonary artery sends the blood with force, and therefore venous blood most likely to be forced out. It is impossible to apply a ligature to intercost. Art. - it has been recommended to apply ligature around the rib - involve portion of the pleura however. by far the best way to control hemorrhage from these arteries, is the following; flat piece of wood - wrap with soft linen - grease - insert into the wound - confine by adhes. plast. bandage around chest. Where the artery is but partially divided may become necessary to complete the division - In these wounds of the intercost. Art. make the wound - if not already so - large enough to introduce yr. finger - then you will see if pressure will control the hemorrhage - if so you can then try the plan recommended - if pressure controls the hemorrhage you are sure it is from the intercostal artery. Collapsed Lung - sometimes never resolved - other lung performs double office, but in many cases, the blood who has been forced into the chest is absorbed and the air who has entered from the wound, disappears - sometimes the effused blood becomes a foreign substance -

refuses to be absorbed - brings on inflammation - large quantity of serum poured out - paracentesis thoracis if necessary - Mentioned a case - pleura wounded - blood thrown into chest - greatly protruded - patient got well - another case - great effusion of blood into cavity of chest - upper part of lung has ceased to perform its function - lower portion all right. In these cases trust to resources of nature.

Wound of lung - air issues from the wound - emphysema - when patient coughs air gushes out (mentioned a case - air gushed out with force enough to blow out a candle) Spitting of blood - almost absolutely certain sign of wound of lung - Remember however, the lung can be wounded without having Spit. of blood - mentioned a case - extensive lesion of the lung without this symptom - post mortem revealed the fact that the lung was wounded - beyond all doubt - owing to the extensive wound all the blood was poured into the pleura and didn't find its way into the bronchial tubes - Wounds of the lung not necessarily fatal - Suppose we are called to a case - blood gushing from the wound - what is to be done? Here we can apply our styptics - close the wound at once - compress - firm bandage. Here for ex the patient would die from the hemorrhage in a short time - better follow our method, even if it does allow the blood to accumulate in the cavity of the chest and collapse the lung - bladder of ice very good also in these cases. Hernia of the Lung - Lung sometimes protrudes thro' the wound.

Larrey cut off the protruding portion - in some cases successfully. If you can get the protruding portion back, do so - compress - bandage - very dangerous complication.

Wounds of the Heart - To be known by the direction of the wound. copious discharge of blood (in large majority of instances will be venous blood - the wound may have made a sort of valvular arrangement (so that every time the heart contracts the blood stops flowing - owing to the extreme thinness of the walls of the auricles this valve can only be formed in the walls of the ventricles - Wounds of the great vessels are much more promptly fatal than wounds of the heart itself - Nature sometimes repairs the wounds of the heart - beyond all doubt - I saw a case - boy fell on his pocket knife - dark blood flowed freely - sometime afterwards I saw him - pulse good, doing well - allowed to get up and on making some exertion fainted and died - post mortem revealed the fact that nature had been making efforts to seal up the wound - but the coagulum was disturbed and her intentions defeated - a bullet has been found in the cavity of the heart - long after injury - What is to be done in these cases? - Absolute Rest - recumbent posture - bladder of ice - If an instrument has been broken off and portion left sticking in the heart - be very careful about removing it - as in all probability death will instantly follow - a little time may be very important to the patient -

Lect. 22nd Wounds of abdomen - 1st Wounds which do not wound any viscus - merely penetrating the walls - patient doesn't vomit blood - passes no blood from the bowels - faces do not issue from the wound - do not probe wounds of abdomen - better to remain in doubt as to their extent &c - in probing, you might dislodge the coagulum wh. restrains hemorrhage - sure to create irritation - Epigastric Artery may be wounded - vessel lies to the right of the rectus muscle. Internal circumflex ilia may be wounded - If bladder &c doesn't stop the hemorrhage you will have to secure the vessels - if possible. Suppose when the walls are divided the intestine protrudes? When a person is stabbed in the abdomen the walls contract spasmodically and the intestine is forced out the wound, as soon as the instrument is removed. If portion of the omentum is thus forced out and can't be returned, clip it off - I have often cut off portion of the omentum in Strang. hernia, without any disast. result - Mentioned a case - Man cut in the abdomen - intestines gushed out - patient held them in his hat. I returned them - had not the slightest idea man wd get well - patient recovered. Well you will wash the intestine with tepid water and try to return, by gentle manipulation - sometimes becomes necessary to dilate the wound - use the same precautions as in Strang. hernia - place patient in proper position when attempting to return, by manipulation - head flexed on chest - limbs on the body - in order to have relaxation of abdominal muscles. (I should have said the Prof. said elevate his head.) Having returned it close the wound.

Wounds of Stomach. Most likely to be wounded after meals.
Case of a boy, stabbed after supper - few minutes vomiting of blood.
The vomiting of blood made it almost absolutely certain, that the stomach
was wounded. The boy at the end of the week seemed perfectly well.
Parents allowed him to go about - he was struck by the horns of a pet
deer and I saw him soon after - found hard tumor in abdomen
- abscess formed - opened it and boy got well - My explanation
is this - After the wound blood was effused into the cavity of the
belly and was going on to be organized - the blow from the deer
interrupted this process and suppuration commenced.
Wounds of Stomach are exceedingly dangerous, tho' not necessarily
fatal - In these wounds contents of the stomach are likely to be
discharged into the cavity of the belly - if the wound is very large
and the stomach ripped open, we shall have its contents
issuing from the wound - Great prostration of nerv. system -
In these wounds, Stomach rendered unfit for its office - keep the
alimentary canal in perfect repose - cases are on record where the
patient has eaten or drunk nothing for 10 dys. and yet live
- nutritive enemata - opiates - for 5 or 6 days allow nothing
to be eaten - no drink either - Stomach has been cut into, by the old surgeons, for
extracting a foreign substance - patient lived after - We
must close the wound in the stomach by sutures - these will
fall into the stomach after a time - A ligature has been thrown
around the intestine of a dog - lig. sinks way down and is
covered over by folds of the intestine - these folds form
attachments and lig. ulcerates thro' into the intestine
- animal lives. W. of liver. Dangerous on account of three
points - Organ is very vascular - great amt. of hemorrhage.

- 2nd Bile (wh. is very acrid) apt to be poured into cavity of the belly
4th Function is interrupted - Surgery can do very little -
Contusions of liver - Very dangerous - Both W. and cont. patient becomes
jaundiced - Great prostration - Mentioned a case - man - stabbed
in the liver - became as yellow as gold - got perfectly well -
another case - man shot in the liver - jaundiced - lived 3
yrs - never got perfectly well, however. Contusions of Spleen
can't do much - anodynes - rest - trust to resources of nature -
W. of Kidney - Wound in front most dangerous - instrument or bullet
penetrates peritoneum twice - The kidney has no peritoneal covering
- In wounds from behind, the peritoneum is not penetrated
- 3 principal points of danger - Hemorrhage - Effus. of urine
into cavity of belly - exceedingly important function to be
arrested - almost invariably we have bloody urine - We
can do almost nothing - if wounded posteriorly patient
must lie on his back - in order to let the urine escape.
Lect. 23rd - An instrument may penetrate, to a considerable length,
into the cavity of the belly and yet not wound any of the viscera;
- the viscera, sometimes sliding before the instrument. When
an artery is wounded, in the walls of the abdomen cut for and secure
it, if possible - bladder of ice if this can't be accomplished.
What are we to do with an accumulation of blood in the cavity of
the belly? In the large majority of instances it will be absorbed
away - may, under some circumstances, be necessary to turn out
the coagulum - accumulation large - and you can explore the
wound. Mentioned a case - tapped a patient for dropsy -
wounded a vessel - effus. of blood into the cavity of the belly.

patient died - from other causes - few days after - post mortem
coagulum nearly entirely organized - red globules all disappeared -
In wounds of stomach allow patient nothing to eat or drink for 4
or 5 days. Wounds of Intestine - Nearly always mortal - Intussus-
ception is sometimes cured by nature. portion included passes away
by the rectum. I saw a patient who passed a piece of intestine 6 in.
in length - lived 5 or 6 days - under more careful management I think
would have survived. 3 principal points of danger - contents are
discharged into cavity of the belly - Important function - Peritonitis
Suppose the intestine is protruded and wounded. 2 Sutures - We close
the wound for two purposes. 1st To promote healing - as in closure of
any other wound. 2nd To prevent contents from being discharg'd.
Turn in the intestine, to make the serous surfaces meet W -
mucous surf. will not adhere. The thread from the sutures -
if the patient lives - will be discharged by bowel - large
majority of these cases perish - Some contend against sutures -
they are better, however, than nothing. Not more than 1 patient
in 5 or 6 will survive. Case is reported - madman ripped open
abdomen and coil cut off 12 inches of duodenum colon
- yet he got well - If faces issue from the wound, dilate
it and look for the wounded intestine - use sutures.
Invagination has been practised - objection - Mucs and serous
surfaces brought in contact - Glover's suture is best.
Interrupted suture doesn't effect as close ex union -
Before applying sutures always press out faecal matters,
both above and below the wound - the higher up the
wound is, the more dangerous it is -

Clinical Surgery. Necrosis of the femur is but a large bone felon. In bone felon of the finger free incision - don't be satisfied with a small cut and two or three drops of pus - the pus is confined under the periosteum, and unless let out will cause necrosis of the bone - destroy the tendons - in making yr. incision even if you do wound the tendons, it is not of much account. All our cases of lithotomy did well, except one of the little boys, who had epilepsy - you remember two of our patients had attacks of epilepsy - the first one died.

Lithotomy. Little boy. I thought I would have to use the staff and knife in this case - thinking the lithotome was too large for so small a child. but I have used the lith. with facility. Very large stone. After pressing down the cutting director, always insert the finger into the rectum - to be sure you have not included a fold of the rectum. Dislocation of Shoulder. I make counter extension from the opposite wrist - Case of 15 dys. standing. after pulling on the arm for some time - patient being under the influence of chloroform - succeeded - after manipulation - in reducing -

Lect. 24th. Wounds of the bladder. Very dangerous - especially when wounded thro' the peritoneum. portion of the bladder deep in front, is not invested by the peritoneum. When the bladder is distended with urine, you can penetrate it over the symphysis pub., without touching the peritoneum. When the bladder is wounded urine issues from the wound (very likely) - bloody urine - When the urine is poured into the cavity of the belly in any quantity, fatal peritonitis almost certain to follow.

Suppose a foreign substance has penetrated the bladder, and is
Still sticking in the wound? Introduce a catheter into the bladder,
before drawing out the instrument - you may prevent, in this way,
any quantity of urine, issuing from the wound into cavity of belly -
If the wound in the bladder is large, and urine is flowing
from the external wound, by no means close it up - reason
very apparent X Mentioned a case - man fell on a sharp piece of wood -
fully 3 fingers wide - plunged into the perineum - fairly entered the bladder
- avoided hemorrhage - as after operation for stone - by plugging the
wound with lint - after introducing the tube - retrum lacerated -
prostate gland badly injured - continuity of the urethra was restored
and patient got well - Wound of the bladder, from the perineum,
doesn't involve the peritoneum - therefore, less danger than
where the bladder is wounded from the front - Do nothing in
these cases - further than to arrest the hemorrhage - do not
close the wound up - otherwise the urine finds its way
into the cell. tissue - Rupture of the bladder - Almost always
occurs in the perineum, or in front, where the organ is not invested
by the peritoneum - Wounds of Scrotum - Generally voluminous
swelling - great discoloration - If much hemorrhage secure the
artery - keep the scrotum elevated - W. of Testicle - Very rare,
owing to the great mobility of the organ - Hematocele, sometimes
results from injuries of scrotum and testicle - when you are sure it is
blood wh. distends the scrotum, let it out - W. of Penis - Liable
to be productive of great hemorrhage - If blood oozes from the
wound, in spite of cold applications, introduce a catheter and
bandage the penis on it - If artery is cut, secure it.

W. of urethra - Sometimes we wound it for the extraction of calculi - in every operation of this kind I ever performed the urethra healed kindly - after operating, introduce a catheter and draw off all the urine, - then direct the patient to retain his urine for 24 hrs. and by that time union will have generally taken place -

Wounds of Joints - Knee Joint - Synovial fluid will be discharged after wound of this joint, fluids are effused causing great pain - rigors - putting the joint on a stretch - About 7th or 8th day the parts, from being greatly swollen and tense, become more relaxed - pain abates and inexperienced surgeon thinks case is favorable - for see, the matter can't issue from the synovial membrane, enveloping the joint, and makes its way thro' it, pointing in either above or below the joint - perhaps both - Extensive suppuration takes place - very likely constitutional irritat. follows - patient dies - - may also get well, by anchylosis - Treatment - When seen in time - shortly after the wound has been inflicted, we can generally bring the case to a favorable result - How? By keeping the joint in perfect repose - use Ant. Splint - Suppose, in spite of our efforts, inflammation goes on 4 or 5 days after infliction of the injury, presence of pus shown by rigors, throbbing pain, tense swelling of the joint - &c. ? - Why then, make an incision into the joint and let the pus out -

We come now to consider another kind of solution of Continuity, viz.,

Fractures - A fracture is a solution of continuity in a bone.

Clinique - Case of ulceration of cartilage of hip joint - 2 cases of this disease, have been sent to me, by Physicians, to reduce supposed dislocations - from the elongation of the limb in

the first stage of the disease - You see in this case the limb is at least an inch longer - We have shortening of the limb in the second stage of the disease - ulceration has gone on and portions of the head of the bone and acetabulum have been absorbed away - thus producing the shortening - Our patient is a young man - about 25 - seldom attacks any but children - child halts and limps - complains of pain in the knee - Physician is sent for - if inexperienced, careless, or ignorant he examines the knee and very likely says it is rheumatism - allows the time to slip when we can arrest the disease - In the 3rd stage of coxalgia abscesses form all round the hip joint - I will apply caustic in this case - first scratch the skin well with a sharp pointed knife - just behind the great trochanter - then apply the caustic - form eschar, then piece of adhesive plast. This issue does good from the intense counter irritation (I have seen it, when applied in the very incipiency of the disease, arrest it almost immediately) and also from the drain of pus wh. it establishes - Very likely I will slough this eschar with caustic - in about a week sloughing will take place. instead of inserting a pea I retouch the granulations -

× Case of Pyemia or Chordema - Ulcers - Opthalm. Sanguin affection from typhus fever - Lect. 25th Fractures. Bones are broken 1st by leverage - 2nd Counter-Stroke - 3rd Direct violence. Simple, Compound, Comminuted, Complicated. Mentioned a case of fracture (complicated) - fract. of condyle of humerus with dislocation of the ulna. Fract. are also divided into Transverse, Oblique, Longitudinal. Signs of a Fracture 1st the function of

the bone is, of course, suspended. Deformity. Very obvious when the shaft of the femur is fractured. Bystanders generally know the nature of the injury from the deformity as well as the surgeon does. Fracture of every bone and of every part of a bone has a characteristic deformity. When we handle the bone we perceive false motion with crepitus. Slipping of the tendons in their sheath often produces a kind of crepitus. I have very seldom been able to make crepitus when the neck of the femur was fractured. More or less pain (not as much as in dislocation) Swelling and effusion of blood. Fractures near joints are most difficult to recognize. Great tumefaction near a joint is no excuse for failing to recognize a fracture. Nature's reparation of fracture. Great agent in the production of bone, and in its repair when fractured, is the periosteum. The periost. stands in the same relation to a bone that the bark of a tree does to the wood. Immediately after the fracture blood is poured out - becomes organized - forms new bone. Twice last year we had a case in this house where the thigh bone was crushed by a bullet - all the fragments - in both cases - were restored and took part in the formation of the callus - union took place almost as quickly as in simple fracture - fragments will often, however, perish and be thrown off. Sometimes - notwithstanding a surgeon does his duty - union fails to take place and false joint results. In these cases the constitution is at fault - cancer scrofula or rickets the bones may be very brittle. We shall have more to say

about false joints, when they come to be considered -
Lect. 26th It is not so easy to diagnose a fract. of one bone, where there are two situated in the member - as in the forearm - leg - Never think there is no fracture because deformity - exist present - Mentioned a case - fract. below knee - no deformity - Surgeon thought there was no fract. - after a time, from the weight of the leg and action of the muscles great deformity resulted.

Fract. of Clavicle. Belongs to class of long bones - very slender bone. 19 cases out of 20 fractured by counter-stroke. I case out of 10 is fract. in its middle third. I suppose I have seen this fract. 50 times in children - more than 20 instances by child rolling out of bed - mothers sometimes never notice it and patient gets well. How are we to recognize this fracture? The function of the clavicle is to keep the shoulder outwards, upwards, and backwards. When fractured, then, the shoulder falls inwards and forwards. When we press the head of humerus upwards and backwards (having the other hand on the clavicle) the deformity disappears. Then if we can find an apparatus to effect these indications - of keeping the shoulder upwards, outwards and backwards - we can effect union - it is but just to say, however, that no apparatus yet invented perfectly answers the purpose. Don't promise too much in these cases - for in spite of the best treatment deformity nearly always results - better to tell the patient beforehand. Some people expect of Surgery, perfection. In young children it is of no use to apply any apparatus - infancy

with respiration - irritates them and we can rarely succeed in keeping the fragments in apposition. Merely place the arm in a sling and keep patient at rest as much as possible - this is in children 4 or 5 yrs old. If deformity results, of very little account - in all less than 2 years will almost always entirely disappear. Apparatus for treatment will be shown on living subject - bolster in the axilla - elbow down to the side of the body. In fracture of the extremities of the clavicle sometimes no deformity exists.

Fracture of Coracoid Process of Scapula. Seldom broken by direct violence - I've never seen a case when the bone was broken by direct force. Generally the head of the humerus is driven against and fractures it. The scapula is such a movable bone that it is seldom fractured - Sometimes the humerus is dislocated at the same time the corac. process is fractured. How are we to know when this process is fractured? 1st By negative signs - We can see if it is not the acromion process - neck of the scapula - humerus - 2nd What function will be impaired? Two very important muscles arise from this process - Coraco - brachialis - Biceps. Patient can't flex his arm - Great pain - Splints of no account - Splints are of no use unless they mechanically command both fragments.

Fract. of Acromion Process. Generally broken by a quick, smart blow on the shoulder. How will you recognize? Shoulder droops. Press the head of the humerus up - deformity disappears - let it fall it again is evident (showing at once it is not a dislocation) Trace the spine of the process scapula along and at length it will come to an angle.

Same apparatus used for fract. of clavicle corac. process and acromion process - Fract. of NECK of the Scapula. Recognized with much difficulty. The weight of the arm drags the head of the humerus and the glenoid cavity downwards - Proceed negatively. Is it a dislocation? You don't feel the head of the hum. in the axilla - Deformity disappears on pressing the head of the bone up. Fract. of acromion? of coracoid? Fract. of Body of the Scapula. Very rare indeed - No difficulty in recognizing

Clinical Surgery. Case of Stricture. In 19 cases out of 20, when I can succeed in introducing the smallest bougie into the bladder, I can cure the stricture by dilatation. - no doubt, however, there are cases wh. can't be cured without the use of the knife - I here show you an instrument newly invented - a small sized bougie attached to a cannula - the latter has a fissure along wh. slides a cutting instrument. XX Bougie accomplishes cure of stricture - by wearing out the morbid sensibility - promoting absorption by pressure (after leaving a small bougie in the stricture for 15 or 30 min. you can introduce a larger one) Be very careful not to use the bougie when there is morbid irritability of the urethra - always prepare patient for introducing bougie - bowels open. anodyne before if any disposition to rigors. - if there is much inflammation leeches to the perineum I very often use a bougie cut from slippery elm bark. Great advantage is that it swells in the stricture - after being in it for a little while - and gently expands it. wet the slipp. elm bougie before introducing and leave it in for 1/2 an hour - Has been said that this bougie is liable

to be broken off in the urethra - I have used it for 30 years and never knew an accident of this kind to occur - not the slightest danger - it is as tough as a leather string. The great objection to the use of the knife in cases of stricture is the formation of cicatrix - recurrence of same condition of things as existed before. + Frac. of Olecranon. 2 weeks old - by counter - stroke - Bony union hasn't resulted - very seldom does. We will apply no apparatus in this case - too late to effect anything. The treatment is to keep the arm extended - long splint - from the shoulder to the wrist - At the end of 10 days take the splint off and exercise the joint every day - fear of anchylosis - Mentioned a case - Young Lady - Surgeon kept the arm in the apparatus 3 wks. - on taking it off complete anchylosis - I was applied to - made flexion - with great force of the arm - applied splint on forearm - another on the arm - with screw between them - 2d condit^n bring the arm further than a right angle - Gentlemen, make no such mistakes as these - take warning. + Coxalgia - Eschar not yet sloughed out, when it does I shall redress with caustic - Sometime ago a gentleman came to me from Philadelphia with fistulous openings down the neck to the clavicle - had existed for 2 or 3 yrs.; had been under the care of eminent surgeons. I found out they all concentrated in an alveolus of one of the upper molar teeth - The tooth was carious and acted like a foreign substance - on its removal the whole trouble ceased - When a tooth becomes carious,

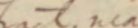
it excites inflammation suppuration takes place, irritation of the tooth continues and fistula is established - In all troubles there in this region always examine the teeth - If there is a fistulous opening introduce probe and find out where it ends - In the case before us from the integuments are firmly adherent to the jaw - he has a diseased tooth wh. must come out, and wh. has been the cause of all his trouble - I have extracted a great many teeth with a pr. of scissors - I introduce between the diseased tooth and a healthy one and on twisting the scissors prize the tooth out - there must be a healthy tooth near the diseased one. † Case of opacity of Cornea - Nebula - may perhaps be absorbed away - has had Syphilis - Cupri Sulph. gr. j - ʒj - I use Cupri Sulph - very much - Continued use of Argent. Nitr - discolors the eye - permanently - † Case of Chancre - 2 wks. standing - rather late to commence abortive treatment - I shall destroy the diseased surface with Nitric acid. Sometimes the poison of Syphilis is absorbed into the system - producing syph. bubo - without production of chancres - mentioned a case -

Fract. of Humerus (Sect. 27th) When shaft is fractured, very easy to recognize. When the upper extremity is fract. more difficult. Fract. of Anatomical neck - Generally in young persons. Limb is shortened - the head of the bone falls down towards the axilla - and the arm is drawn up by the action of the muscles. Depression below the acromion caused by the head of the bone sinking inwards towards the axilla and the tubercles being drawn outwards by the muscles. Rotundity of shoulder is gone - If you thrust gr.

fingers deep into the axilla, you feel the head of the bone - If you draw the elbow to down and then thrust the head of the bone firmly up deformity disappears - Notice all the negative evidence Dislocation? Fract. acromion? & clavicle? Neck of Scapula? (in this fract. the whole shoulder drops and there is no sharp edge as in fract. of anat. neck) Coracoid process? Surgical neck? Treatment. The head of the bone sinks down into the axilla - tubercles rise - forming the sharp ridge - Carry the elbow out a little from the body and then thrust the head of the bone up - deformity disappears - This is what you want the apparatus to accomplish - Some degree of deformity will always result. Fract. Surgical Neck - Upper fragment is drawn outwards by Supr. Spin. Inf. Spin. and teres minor - wh. are inserted into greater tuberosity - Lower fragment - inwards by pect. maj. latiss. dorsi - teres major - Some shortening - no treat. This fract. on different principles from those of anat. neck. - You want to counteract the action of Pect. Major and the other muscles wh. pull the lower frag inwards. Put the apex of the pyramidal pad upwards - In neither of these two fractures do we use any pressure on the elbow - the limb is shortened. Fract. between the insertions of the Deltoid and Pect. Major. Upper frag. pulled inwards lower one outwards - by deltoid muscle. Fract. Below Deltoid. Upper frag. outwards - Not the slightest difficulty to recognize Fract. of Lower extremity of Humerus - at first glance the most skilful surgeon often couldn't distinguish from a dislocation - the moment he handles it,

however, all doubt disappears – no excuse whatever for a mistake – yet they continually occur. As a general rule endeavor to accomplish by yr. apparatus what yr. hands do when they cause deformity to disappear – remember this in all fractures. I would advise you in these injuries of the joints to take the apparatus off at the end of 10 days – gentle exercise – to prevent formation of callus in the joint – anchylosis. Fract. of Outer Condyle – often by impulse of head of radius – Warn the patient that some deformity will result – Arm bent outwards. Fract. Inner Condyle. Arm bent inwards. The condyles are sometimes broken across and then broken this.

Lect. 28th Fractures of Bones of Forearm. In the compound joints, the force wh. fractures one of the bones, sometimes dislocates the other. Fract. of Radius. Above Tuberosity. Biceps pulls the lower fragment – when you extend the arm, outwards. flex the arm and the deformity disappears. Pronate and supinate and the head remains at rest. Below Tuberosity. Biceps pulls the upper fragment outwards when arm is extended – flex and deformity disappears. Pronate and supinate and the head of the bone remains at rest – sometimes, however shreds of the periosteum will bind the two fragments together and then we will have some motion. Near the Middle. Pron. radialis from the inner condyle to pretty nearly the middle of the radius. When we supinate, this muscle is rendered lax and the fragments will be drawn inwards. Pronate – deformity disappears. We must

keep the forearm in a state of easy pronation, in order to relax pron. rad. teres. Fract. near Lower Extremity. Pronator Quadratus. Inner border of ulna to outer border of radius - pulls the fragments towards the ulna  - Inability to pronate and supinate. When surgeon supinates deformity increases. Fract. close to the articulation. By far the most common of all fractures of the radius - almost always mistaken for a mere sprain. I am constantly called upon in these cases. I have told you already that it is sometimes very difficult to recognize fracture near a joint because we are apt to confound false motion with the natural movements of the joint - hand turns inwards - If you somewhat distort the hand outwards deformity totally disappears - In Barton's fract. the radius is cleft off, obliquely thro' the articulation. Fract. of Ulna - not unfrequently fractured. Olecranon pro. especially liable - almost always by direct blow. Generally much contusion - not unfrequently a compound fract. If the patient is resolute he is nearly always able to extend the arm - owing to the two fragments being still connected by ligaments - great pain, however, in doing it. If you flex the forearm you can insinuate yr. finger between the fragments - At the end of 10 days - gentle exercise - for fear of callus forming in the joint, causing anchylosis. - You must do this, notwithstanding, you may defeat your purpose - lig. union effects as firm a connection that patient can effect extension, almost as well, as ever.

Fract. below Olecranon. Sometimes same blow will dislocate the radius forwards - great deal of contusion - the great advantage about these fract. of the ulna is that we can feel the bone from the olecranon to the Styloid pro. - thus detect any inequality from fracture. Fract. of both bones. Care to prevent callus uniting both bones and destroying pronation and supination.

Clinique. Coxalgia - Exchar not yet sloughed out. I have seen a caustic issue arrest the disease, in its incipiency, in 3 days. Case of Bubo - Doubt whether tis Syph. bubo - has had no chancre - at least he says so - chancre sometimes escapes patient's notice. You are sometimes disappointed in the discharge wh. you expect from these buboes when you open them - they have a sort of pulpy feel wh. is very much like fluctuat. - no pus is discharged. Give this man Iod. Pot. and Iod. Ferri Camph. Merc. Oint. locally. Very likely we will employ pressure by a snug bandage - often very beneficial in these indolent buboes. Stricture - Bougie advances further. Can't use the urethratome until we can get an instrument into the bladder. Case of Phymosis - Inserted director and cut out. best plan - make free cut. I never use sutures - simply apply lint - let parts fall together - + +

Bandaging is an important art in surgery - unless a bandage is applied snugly, so as to make uniform pressure, does more harm than good. Bandage for the leg, for a man, should be 5 or 6 yds. long, 3½ inches wide. Laced apparat. soon loses its elasticity

Lect. 29th. Operation of Lithotripsy. Small child - stone very small size. Succeeded in crushing it. ×× I forgot to mention fract. of Coronoid pro. of the Ulna. Generally caused by a person falling, with great force, on his hands - At the same time the ulna is almost always dislocated upwards. Very difficult fracture to diagnose. When the ulna is dislocated and you reduce it the moment extending force is removed, owing to the fracture, it flies back again into its unnatural position -
fract. of Bones of the Nose. Usually great tumefaction. Very difficult to treat. If much displacement, insert a female catheter, or any thin flat substance and endeavor to replace. I saw some time ago, a case of Epistaxis which had been treated by plugging the nostrils with sponge - tetanus followed and patient died - I think the sponge caused tetanus 1st by the great irritation - 2nd It became extremely foetid and foul gases were absorbed - contributing to the disease - (Prof. Smith said this was a case of Epistaxis - not of fracture of bones of the nose) - Never plug up the nostrils for this fracture - I saw a case - Lady had had an abortion - Physician applied tampon to arrest hemorrhage - allowed it to stay in vagina for 4 days - became extremely offensive and was at last removed - tetanus came on and patient died - mentioned another case - precisely similar in every respect - this is why I think in plugging up the nostrils, the offensive state of the sponge, may have a good deal to do with

the production of tetanus.

Fract. of Bones of Upper Jaw. I saw a case in wh. the whole face was a mass of crepitating fragments - patient - to my surprise - got well. and with very little deformity - Mentioned a case. man's face crushed under the lever of a fire-engine - got well, with but little deformity - Fract. of Malar Bone. I have seen but one case of this fracture. The bone (Sect-30) was depressed and firmly impacted - I determined not to meddle with it in any way - patient got well with very little deformity Fract. of Zygomatic arch. If you find it to be impossible for patient to masticate, it may be necessary to cut down and elevate the fragments - if there is no interference with mastication why then do nothing at all. except keeping the patient from chewing, by a bandage - Fract. Lower Jaw. Sometimes a portion of the jaw, in the region of the chin, is cleft off - and drawn backwards by the muscles - the two long fragments then come into apposition and make the chin very sharp. If you seize the teeth you can without much trouble pull this fragment into place. In applying bandage for these fractures of the jaw you will have to do it skilfully. or much damage will be done - (When you pull the fragment back into its place retain it there by tying it to the teeth.) Fract. between the chin and masseter muscle - The long fragment is pulled downwards by genio hyo-glossus &c - short frag. upwards by the masseter - insert a piece of cork between the short frag. and upper jaw - this will prevent it being pulled upwards.

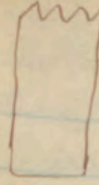
Fract. Condyle - Bandage all that is necessary -
Fract. of Ribs. You will frequently detect no crepitus for 5 or 6 days. When broken by direct blow the fragments form a receding angle ⟩ — ⟨. Trace the rib and you will come to the place of fract. on patient taking deep inspiration you will sometimes detect crepitus - tho' often not until some days have elapsed. Nothing can be done - if much pain cause patient to keep recumbent posture - Surgeon very likely to be blamed however, unless he does something - therefore, put a bandage around chest - does no good - any more than it may keep patient from inspiring so heavily - don't allow the bandage to press on the fract. extrem. of the rib - make a sort of bridge out of wood, ⊥⊥ and apply bandage over it. When the rib is broken by counter stroke, then the angle is salient outward ⟩ — ⟨ and bandage does good. compress on each side of the broken rib ⟩ ⟨ X Sometimes the fragments are thrust in - when direct force is cause of fracture - wounds the pleura and lungs - very dangerous complication -
Fract. Sternum. I have seen 2 cases. If blow is of sufficient force to break the sternum, heart is nearly always injured - disorganization of organs in chest - Suppose the fragments should overlap each other and there was an external wound? Why then I should endeavor to replace them by something like a broad spatula - have never had a case however - of this kind. The sternum is sometimes broken

by the contraction of the recti muscles - Fract. of Spine - Processes very rarely indeed broken - pedicle is sometimes fractured - Fract. of atlas - Immediate death - Not only will odont. proc. be thrown out of place and cause pressure, but blood also will be effused - likewise compressing Spinal cord -

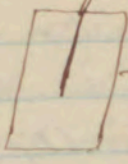
Sect. 31st. Fract. of Spine - Fract. at high up as 3rd cerv. vertebræ death instantly - 4th 5th 6th cervical vert. patient survives, sometimes, 6 or 7 days - I have seen a case live 12 dys - 4th or 5th dorsal - 6 wks - You can do nothing more than place patient on his breast, to avoid bed sores - attend to bladder -

Fract. of Pelvis - Ant. Sup. Spin. Proc. sometimes knocked off - Perfect rest - Apparatus for fractures. Fract. of Clavicle - coracoid proc. acromion proc. neck of scapula - one apparatus for all - Take a long and wide piece of muslin (a blanket, however, is the best) roll it up into a roller - long enough when placed in the axilla, to project at both ends - Then carry a bandage below this roller around the lower part of the humerus and chest - this bandage will prevent the roller from slipping down and the roller will keep the bandage from slipping up - Then carry a bandage around the elbow to the sound shoulder - Lastly have a sling for the wrist - I prefer the roller to the wedge-shaped pad - besides You can always get it at hand - Exceedingly simple and at the same time very efficient - Fract. Anat. neck of humerus - will show for the apparatus to-morrow. In this case we make the wedge-shaped pad - apex upwards

Fract. of Surg. Neck In this case we reverse the wedge-shaped pad - put the apex upwards. No support on the elbow in these fractures of the humerus - Use 2 splints.
Fract. of Forearm - 2 splints - To make a graduated compress for these fractures - roll a bandage - very wide one - first very tightly - then loose - looser - in this way the part wh. you rolled first is very hard and comes about the centre of the roll - In treating fract. of the Radius at lower ⅓ thirds you can always cut a splint out of tobacco-box or any thin wood to answer every purpose - The hand is distorted inwards - cut a splint [bandage hand and wrist to this - snugly.
Bones of Carpus Seldom fractured. - Metacarpus Very frequently fractured - Generally by striking some "hard headed person" with fist - almost invariably the metacarpal bone of little finger - Fract. of Phalanges - Treat both these fractures with a broad splint - fitting the whole hand - of no use in the world to have a splint just to one finger.
Lect. 32nd. In fract. of Pelvis - apply strong, firm bandage - strong towel very good. a pad under each hip - to give support to femoral bones - Sometimes the head of the femur is driven forcibly against the acetabulum fracturing it - The toes in this fract. are in natural position - this distinguishes it from fract. of neck of femur - For treating fractures of the humerus (neck) cut a splint out of pasteboard and notch it in this manner —



- in this way, by bending the notched piston, you can form a good cap - to go over the top of the shoulder, and prevent the splint from slipping down

To make an angular splint for fract. of the elbow. cut a piece of pasteboard  and bend the tops over - (Starch to be applied to both these splints - after wetting in water.

Fract. of Femur. The femur may be broken in any part of its extent. Fract. of neck. Good reason to believe that bony union - in spite of Sir A. Cooper's opinion sometimes results. The difficulties to it are that the head of the bone is very movable - the fracture is bathed in synovial fluid - This fracture occurs most commonly in aged women - by falls on the great trochanter. Sometimes we have impacted fracture. the neck of the bone is broken and driven into the cancellated structure of the upper extremity of femur. In this fracture the limb will be shortened but the toes will not be turned out.

How shall we recognize a fract. of neck of femur? The limb will be shortened - toes turned out - a person of experience can tell this fracture the moment he sees it. If an aged person falls on the ice and is (on the hip) and is rendered helpless we could fairly presume it is a fract. of neck of femur. - a fall on the hip could not, to cause dislocation.

sometimes the shortening does'nt occur at first. Bear in mind that there is one dislocation in wh. the limb is shortened - but there the foot turns in and the limb is rigidly fixed. On taking hold of the ankle and making steady traction deformity disappears - the great trochanter moves in a much smaller space, when we bring the limb - than naturally - Fract. thro' Troch. major - foot not turned out - fract. below lesser trochanter. upper short fragment is drawn forwards.
Fract. Middle - Toes turned out - Almost invariably shortening. Remarkable prominence on outside of the limb - caused by the abductor muscles pulling the short frag. out. If you make simple traction the deformity will not disappear - make traction and turn the limb outwards - parts resume their natural appearance for you then relax these powerful abductors of the thigh - When the thighs are parallel these muscles are rendered tense - Fract. of Lower extremity of Femur. Extend the leg on the thigh and Gastrocnemius is rendered tense - pulls the Lower short frag. down into the Popliteal space. Fracts Condyles - Serious injury. Operation for Soft Cataract -
Clinique. Here is a man with Medullary Sarcoma - firm base - situated on the neck, just below the ear. has a pulsy feel wh. would mislead an inexperienced hand - almost sure to think he felt fluctuation. Lancinating pain. Shall not interfere with it -

other than adopt constitutional means - Locally, Emp. Belladon. - Give him any of Jnep. Jemum - If I should lay that tumor open with a knife I wd. very likely convert it into Fungus Hematodes. Necrosis of Shoulder - involves the joint. Case of Cofalgia - Walks better - has no pain - Eschar not yet thrown out. always apply Sr. issue just behind trochr. maj. Inflam. Knee joint - Perfect rest. Locally mur. ammon. & simple diet - Lect. 33rd. On fract. of neck of the femur, I am pretty sure in several cases we have accomplished bony union in this house - of course we couldn't ascertain with absolute certainty that the fracture didn't extend beyond the capsule. Sir A. Cooper denied that bony union could take place if the fracture was entirely within the capsule. When on a visit to Paris, he was shown many specimens, and in them all he traced, or fancied he could do so, the fract. extending beyond the capsule. In treating this fracture carefully maintain proper position of the leg and foot - moderate degree of extension, to prevent shortening - all accomplished by ant. splint - Let that part of the splint wh. comes up on the body be firmly bandaged to the pelvis. In treating fract. above Condyles - keep the leg moderately flexed ⟋ - when you extend the leg the gastrocnem. muscle is rendered tense and the deformity increases - Keep up moderate traction by giving an obliquity to the cord of ant. splint. Prof. Smith objected to Desault's - Sir C. Bell Hagedon's apparatuses - Use Anterior splint in all these fractures of thigh and leg.

Fract. of Leg. Fract. Fibula - Upper extremity. Almost always by direct violence. Sometimes not easy to diagnose - no deformity - existing - a resolute person will walk even when fibula is broken.

Fract. near lower extremity. Most common injury of fibula - Very often broken by persons leaping from a carriage in motion - the foot being turned outwards - impulse of blow falls principally on fibula. Seize the foot and carry it inwards, deformity disappears. Carry foot outwards, deformity increased - great pain -

Fract. Tibia. Had a case 2 or 3 dy. ago - at first felt no crepitus - no deformity existed - but limb was evidently a little more convex than usual - on placing my hand under the heel, and letting the whole weight of extremity rest upon it, the convexity disappeared - on applying my hand immediately above the supposed place of fracture and letting weight of lower part of the leg and foot act upon it convexity was increased. Fract. Upp. Ext. Often difficult of recognition. Don't console yourself with the belief, that, because there is no deformity at present there will be no displacement - displacement - from the weight of the limb and action of the muscles - will generally take place in a few days, and the deformity will then be very apparent. Both Bones. Above Ankle Obvious deformity. Weight of foot causes an angular deformity. I saw a case wh. had been treated in a fract. by the weight of the limb coming on the heel had caused sloughing of the soft parts - down to the bone. You want to give support to the whole leg - sustain the weight of the foot -

relax gastrocnemius muscle - Flex the leg on the thigh -
put it in ant. Splint and bandage the heel and foot well -
You see the bandage will perfectly adapt itself to the form
of the heel and not exert undue pressure on any point of it -
- no kind of difficulty in managing these cases in the ant. splint -
Fract. higher up - Same treatment - Fract. near upper ends -
- Upper fragment drawn forward by the Quadriceps extens.
cruris - when you flex the leg the deformity increases - therefore
in treating keep the leg extended on the thigh, in order to obviate
the tension of this muscle - Fract. Tarsus - Exceedingly rare -
by crushing violence and generally expedient to amputate -
I saw a case - man fract. both astragali by jumping
from a 3rd story window - both joints were remarkably
spread - made traction and by manipulations tried to
coaptate the fragments - Fract. Metatarsus - Treat
by a sole of a shoe - or something like it -
Fract. Phalanges - Same treatment - sole of a shoe -
Lect. 34th Dislocations. When a muscle is irritated by
sudden traction spasmodic contraction often takes place -
When a joint has once suffered dislocation, apt to recur -
How shall we recognize? More pain, as a general rule, than
in fractures - ligaments are put upon the stretch - the extremi-
ties of the bones also overlap each other - necessarily pressing
on soft parts - function of the articulation is destroyed -
Deformity - Limb much more frequently shortened than
elongated - every dislocat. has a characteristic deformity -
What will result if dislocat. be never reduced?

Impairment of the function of that articulation - Nature will, in a measure, repair the injury by forming a false articulation. What is the treatment for a dislocation?
Immediate reduction. Mentioned a case - Man fell in a pond and dislocated his shoulder. When he was taken out of the water had a chill - Surgeon attempted to reduce the dislocation, but couldn't effect it. After waiting awhile - until the man got warm and chill had left him - I succeeded without any difficulty - so you see there are cases in wh. it isn't expedient to attempt immediate reduction - never wait very long however. Sometimes spasmodic contraction of the muscles - after the injury - prevents reduction - Although I object to the use of chloroform, in many of the operations of surgery, it is, without all doubt, proper in dislocations when for want relaxation of the muscular system. Give it until complete relaxation results. Mentioned a case. Gentleman, about 40 yrs. of age - dislocation of shoulder - very muscular - chloroform was given - by another surgeon - but reduction failed to be accomplished. I was called in & gave it until complete relaxation was produced - succeeded without any difficulty -
In accomplishing reduction we use two forces - traction and manipulations. It has happened that a joint, dislocated by accidental violence, has been replaced by accidental violence - case reported by Sir A. Cooper.
Reduction is to be accomplished rather by address, than by

violence — that addresses wh. we derive from anatomical knowledge of the parts. Some after-treatment is necessary. When we have to reason to believe that the apparatus of the joint is much broken up. it is necessary to keep in apparatus for some time — taking care to make gentle exercise, to prevent anchylosis.

Dislocations of Lower Jaw - one direction only - forwards - liable to be dislocated in convulsions - violent vomiting - yawning - cramp seizes the pterygoid muscles and they pull the condyles forwards. Mentioned a case - man went to bed perfectly well - got up in the morning with this dislocat.; his friends came to the wise conclusion that he was bewitched - had been "tricked". His jaw remained in this position for some time, when he came to Bath to consult a wizard - some one advised him to go to a surgeon. About a year had elapsed and, of course, I could do nothing. The teeth of the lower jaw - from the continual pressure of his lower lip - were perfectly horizontal - shewing what dentists are able to accomplish, when they employ pressure for correcting the teeth. Symptoms - Patient can't shut the jaw - great pain - the molar teeth are in contact — the incisors far apart. Reduction is to be accomplished by placing the thumbs on molar teeth - and using the jaw as a lever. The thumbs are the fulcra - jaw is the lever and my fingers the power. Be sure to place the head against the wall. Mentioned a case - Two or three young surgeons attempted reduction - an assistant supporting the head - and failed - I was called in and, on placing the head

against the wall, succeeded without difficulty - You want a firm point of support. When you make the proper movement, the head of the bone - by the action of the muscles - slides back at once - muscles are waiting to assist you and the moment you release the head of the bone they act. Dis. of one condyle only - Generally by direct violence. Mentioned a case - husband - in their honeymoon! - hit his wife with the kitchen poker. When I acted on one condyle and reduced it, the other slipt out of place - reduced this and then the other one was dislocated - proceeded as tho' dislocation of both condyles and succeeded without further trouble

Dis. Clavicle. Sternal Extremity. I've seen but 1 case in a practice of nearly 50 yrs. A joint is prone to dislocation in proportion to the extent and variety of its motions. I have seen only one case as the result of violence. As a general rule the bone will break before it will be thrown out of place. The shoulder falls inwards - You can distinctly feel the head of the bone in sternum if the dislocat: is forwards. Traction &c. same as in dislocated shoulder. Suppose after reducing, you relax your hold: The bone will at once slip out of place again. Apply then the same apparatus as in fract. of clavicle - keep it in it for 4 or 5 wks. Upwards - same treatment - backwards - same

Clinique. Case of necrosis of shoulder - ulceration of cartilages. I felt a distinct roughness when I rotate the head of the humerus. Never occurs without some

constitutional derangement. Treat. Tr. Ferri Mur. Nourishing diet - bowels open - locally Turner's cerate - It is a serious affair, however, and most likely we will have to amputate at shoulder joint. Inflam. Knee joint. If it were the result of constitutional derangement would be a serious affair - being caused by a contusion, of slight character, will do well. The dropsy in the joint is disappearing. Here is the old gentleman whose arm I amputated - he did very well until the sutures suddenly gave way before adhesion resulted - however he is now doing very well and will have a good stump. Sometimes when adhesion fails to take place the parts become retracted and expose the bone.

+ Case of Ptosis (before reported). Can't move his eyeball either. 3rd fr. no doubt chiefly concerned. Use atropia Sulphs gr. j ℥ j one drop in the eye. Bromide of Potassium gr. x 3 times a day - Br. Potas. in my opinion, is the most valuable remedy we possess in del. Tremens - in ℥ß doses - to quiet nervous system. Case of Soft Cataract - doing well - will resulted favorably - fragments undergoing absorption - operated on the other eye. Very important to have the spear pointed knife, just large enough to make an opening into wh. the shaft of the knife will accurately fit - try it on paper. When the pupil is in ordinary condition I never use Belladon. before operating. - much better to have the eye in a natural condition. After the operation let the patient be put in a moderately darkened room. bandage both eyes. Of them is pain W. S - opium. Secondary Syphilis - Plummer's pill.

usually contains Calomel gr. i G. S- Antimony gtt. i - Guaiac

I wd. recommend the following-

If you took a cart load of Sarza and made a decoct. - to have also probably no effect wd. be produced on system - if all taken at once - other, perhaps, than a diaphoretic effect. ℞ Prot. Chl. Hyd. 7ij Antimon. Sulph. Aur. 3ifs Guaiac ℥ Ot. fil. Lx ℥ij-ß

Stimmons Ophthalmia - eyelids thickened. Conjunctiva principally concerned - here is an ulcer, also, wh. I will touch with a brush rubbed on a stick of Argent. Nit. - use this but once. - to supplant diseased action. Use Cupri Sulph. gr. ij-ij - 3j - Aquæ - apply "Red Oint." to eyelids.

Lect. 35th Dislocation of Scapular end of the Clavicle - Much more common than that of the sternal extremity - often mistaken for dislocat. of the shoulder - tho' there is no reason why it should be. Dislocated by falls on the shoulder - The shoulder retains its rotundity but there is a depression in front. apply - after reducing the apparatus for fract. clavicle.

Dislocations of the Shoulder Joint. More frequent than those of any other joint. The head of the bone approaches more nearly the character of a solid sphere, than the glenoid cavity does a hollow sphere. Its depth is somewhat increased by the tendon of the biceps, wh. contributes a great deal to the strength of the articulation. The capsule of the joint is very loose. The Supra-Spinatus - Infra-Spinatus - Teres minor - Sub-scapularis constantly keep the head of the

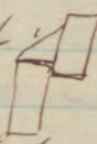
bone applied to the glenoid cavity; they form a sort of contractile
capsule. Security of the joint is further increased by the great
movability of the scapula. When I hold my hand up, as tho' to
receive a weight from above, the glenoid cavity looks upwards;
when downward, as if I were going to fall, the cavity looks
down. Dis. Downwards into the apilla. Occurs most frequently.
The inferior portion of the joint is very insecure. Generally caused
by the arm being driven, with great force, upwards, the head
of the bone is prized out of its cavity — ruptures the capsular lig.
The latiss. dorsi from behind, and the Pect. major in front,
at the same time, pull the head down into the apilla.
Almost always caused by this sort of violence.
The rotundity of the shoulder is gone — depression under the
acromion. — Compare with the opposite shoulder —
deformity generally obvious at a glance — you see at once that
there is something wrong. Thrust your fingers deep into the
apilla and you feel the head of the bone. At first you can
approximate the elbow and the chest without giving
much pain. This dislocation looks something like — very
little however — the fract. of neck of scapula — in the latter
injury when you take hold of the elbow, and thrust the
head of the humerus firmly up, the deformity disappears.
How will you reduce this dislocation? If very recent, you may
do it by manipulations — knee in the apilla — without
extension or counter-extension. The two scapulæ are bound
together anteriorly by the interclavicular lig. — posteriorly
by muscles. I make counter-extension in this dislocation

by a band carried from underneath the axilla of the injured shoulder to the arm of the other side; bandaged firmly to the wrist and tied to the wall or any firm joint - better than the hands of an assistant who will always yield in some degree. In this way you fix the scapulae and prevent them from moving. Also keep the trunk erect. You must also keep the scapula from moving up - good plan to bandage over shoulder and under a chair. By these methods you prevent the scapula from moving. In all difficult cases use chloroform. Dislocation Forwards. Can only occur primarily by fract. coracoid pro. - When this process is fractured it is a consecutive dislocation - that is first dislocated downwards and then by some contortion of the bone made to revolve under coracoid pro. Backwards. Dorsum of scapula. Exceedingly difficult to reduce. Generally caused by the arm being driven forward and then receiving a blow in the direction of the arm. Mentioned a case - great difficulty - in reducing - passed a band around shoulder and tied to the wall. relied on main traction - succeeded. After reducing these dislocat. use apparat. for fract. clavicle. Always tell the patient that the shoulder is always weakened by dislocation.

Dislocations of Elbow Joint. Hinge like joint. Tendon of the biceps performs the office of a ligament. Very strong articulation. Both Bones Backwards. Most common. Great deformity results - arm semiflexed - Great pain - limb shortened - tumor in bend of arm. If joint has been dislocated 2 mos. almost impossible to reduce - not so with the shoulder

joint. The olecranon proces is far above the 2 condyles. Apply counter-extension as close above the elbow as possible and make traction - then flex. Radius forwards. Bear in mind that when there is a dislocation there is always rigidity in the motions of the joint - after you think you have reduced a dislocation never be satisfied until you have executed all the movements of the joint - if there is any sudden check in doing think & this depend upon it something isn't right - Radius backwards - Dis. of Ulna - Same treatment as in dislocations of both bones. We have seen that the ulna may be dislocated with fract. of inner condyle - radius with fract. of outer condyle. In all these cases the prominent features of the joint will give you the necessary information.

Lect. 36th. Dislocations of Hip. (Here is a specimen of fract. of the femur above the condyles - You see it is almost transverse. You know it is usual for the lower frag. to be pulled down towards the popliteal space by the gastrocnem. m. - in this case the blow was inflicted in such a manner that the upper fragment was pushed down into popliteal space - here it remained and interrupted the flow of the great vessels - mortification ensued and I was obliged to amputate - The surgeon waited - in obedience to a bad principle in surgery - until he thought the inflammation would subside - or rather he did not apply apparatus for fear of inflammation - Always then set the limb at once - the sooner you reduce the fracture the better - if you have any fear of apparatus doing mischief I should think you had

better do without it all together.) Dis. of rad. from ulna near the wrist. Does not involve the wrist joint proper - the hand goes with the radius - ulna projecting remarkably - hand greatly pronated. Dis. of rad. from ulna backwards & extreme supination. Both these dislocations are sometimes the result of an effort of washerwomen in wringing out clothes - They have practised this movement so extensively that the lig. at last become relaxed. Plan the hand in splint - median state pronat. and supination. Dis. of Wrist. Forwards. Backwards. Bones of Metacarpus. have had 3 or 4 cases in my practice - Mentioned a case - Metacarp. bones of index and forefingers - When I made traction on them singly could not accomplish - exerted my whole strength & extended them both at the same time and succeeded. Dis. of Metacarpal bone of the Thumb. Very difficult of reduction - to be accomplished rather by mechanical address than by main dragging. Traction wont effect it - Has been recommended to divide the tendons - very unpleasant expedient - impairs the mechanism of the hand  1 - a string connecting 2 pieces of wood.

Now when I exert my whole strength I can accomplish nothing towards bringing the ends in apposition. Just as in these dislocations of the thumb. Therefore take hold of the thumb and exaggerate the distortion - thrust the articulating surface forwards and the bone slides into its place. Dis. of Phalanges - Almost always compound. After - treatment - Same as in fractures - If inflammat. arise W.S. of pimm. Dis. of Hip - Capsular lig. very strong - not so in the shoulder. Most perfect

of all ball and socket joints. Dislocation directly upwards - Sir
never seen it. Trochanter very prominent - Upwards and backwards
Very common - Knee and toe remarkably turned inwards - toe
rests on the instep of the other foot - Backwards into the sciatic
notch - Not so much distortion - very little shortening - toe nearly
natural. The deformity is of the same character as in last
dislocation but in a much less degree - Reduction of these
three - object is to bring thigh down. Fix pelvis by a band
extending under perineum to some permanent point - wall
- window sill - carry over shoulder on sound side. Sir
A. Cooper recommends attachment of extending bands to the
knee. I think it is much better to attach them to ankle - for
have a much longer lever. As a general rule in dislocations
make gr. traction first - in the direction of the presenting
limb - steady and deliberate traction - then reverse the
position of the limb and make traction in opposite
direction from the first. In dislocations of the hip
I sometimes carry a band over trochanter major -
abduction will have a much more powerful effect -
Manipulations are a great deal more account than traction
- Pulleys are almost universally rejected - particularly since
introduction of chloroform. The capsular lig. is never torn in a
button hole shred so as to confine the head - Prof.
Physick had a case in wh. he thought this took place.
I have never failed in reducing dis. of the hip where I have
seen the case one or two weeks after infliction of the injury
- much easier since introduction of chloroform.

forwards and downwards into foramen ovale - Toe inclined outwards - trochanter disappeared from its usual place - limb lengthened - same position is imitated in early stage of coxalgia - hip joint is never dislocated except by very great violence - I have had cases of coxalgia brought to me for supposed dislocations - Manipulations just the reverse of the other dislocat. Traction is generally unnecessary - Fix the pelvis by a band - we want to rotate the limb inwards and adduct - It is a remarkable fact that sometimes the head of the bone glides around the cavity of the acetab and becomes dislocated upwards & backwards - happened in my hands once - had made traction all in vain and finally let go - proceeded by manipulation alone with pretty severe adduction - the head glided up around the acetabulum and became dislocated upwards & backwards - proceeding as in that dislocat. I accomplished reduction - Forward on the body of the os pubis - Very rare - is a consecutive dis - first into foramen ovale - then upwards by the muscles -

Lect. 37th Dislocations of knee joint - No difficulty in recognizing - You can feel the prominent features of the joint. Dis. of Patella - Rupture of lig. patellæ - dislocation upwards - to be recognized by manipulations - put in ant. splint - after reducing - with foot elevated - thigh flexed - compress above - Dis - outer side - put patient's foot over pr. shoulder and proceed by handling - always bandage will after these dislocations -

Ankle Joint. Most common tibia and fibula inwards - fibula broken - Dis. forwards. Tumor in instep - (In dis. of tibia inwards the foot is turned outwards - you will see at first glance it is a dislocation - carry foot outwards. Not at all uncommon to be a compound dislocation. if not a good constitution generally expedient to amputate -) Dis. forwards. Flex leg on the thigh to relax gastrocnem. m. Good plan to just thr leg around bed post - make steady traction - reverse position of the foot. Astragalus sometimes dislocated. Metatarsal bones - very rarely indeed.

Christmas Holydays -

After reducing a dislocation never be satisfied unless you can accomplish all the movements of the joint - if there is any sudden checking every thing is not right -

Sect. 37th. Gentlemen, those you have returned ready for hard work - The most interesting portion of our course is before us - a man who does his duty getsup in the morning full of energy and ready for the day's work - and I know of no better anodyne at night - except it be saying his prayers - Injuries of the Head - Of vault of the cranium - are nothing in themselves but inasmuch as the brain is nearly always involved are very dangerous - Concussion. Stunning - Jar of the brain. Produced by heavy slow blows. a blow wh. is inflicted swiftly - hammer - stone - spent bullet - will crush in the walls of the cranium. 3 degrees of concussion - 1st Slight - 2nd More serious - 3rd Lesion almost always fatal. 1st degree - May be caused by a blow from the fist - often caused in children by a fall - child generally vomits.

2nd degree - More decidedly characterized - a state of nervous shock - constitutional irritation - pulse weak - vomiting - unconscious - after a little reaction comes on - pulse frequent - fever supervenes - not paralyzed 3rd degree probably always more or less disorganization of the brain - post-mortem often reveals nothing - The ultimate anatomy of the brain being very obscure and delicate, we are not able to appreciate the change it has undergone - Patient generally entirely insensible - incapable of moving his limbs - no vomiting - The paralysis is too complete for that - pupils dilated - pulse small - in course of 36 hrs. patient will die - How are we to distinguish concussion from compression? In concussion frequent pulse - after a little reaction has set in ×× vomiting - restlessness - some degree of consciousness - Compression. Stertorous breathing - alvine discharges passed involuntarily - hemiplegia - slow sluggish pulse - Treatment of Concussion - 1st degree - altho' rather slight isn't to be neglected by any means; in children who are predisposed to brain diseases or who are scrofulous very dangerous consequences - after a time - may follow. Mentioned a case - child fell from a chair - symptoms of slight concussion - vomiting &c - ensued - went to sleep and in a few hrs. woke up - got on its feet and went to play - apparently perfectly well - 2 weeks after died - I made a post mort. exam. and found water effused in ventricles - consequence of inflammation wh. had been set up by the injury - Keep the child - therefore,

on light diet - quiet - bowels free - After these injuries - particularly when patient complains of headache - do not make light of them - if very plethoric you may bleed - Purgatives - cups to back of the neck - extremities warm - head cool - 2d degree - Violent jar as being thrown from carriage - for instance - pulse frequent - pupils contracted - If circulation very active, bleed from the arm - this is the advice of the best surgeons - head usually hot - apply tepid water - not ice-cold water - it is rather by the rapid evaporation than by the mere contact of cold, which relieves the patient -

3d degree - It will avail but little to do anything - patient is entirely insensible - You may apply tepid applications to head - warmth to the extremities - Trust to nature's resources - Compression - Skull is broken in - encroaches on cavity of the cranium - this forms one of causes of compression - The substance of the brain is incompressible - as a mass containing blood the brain is compressible - when it is squeezed blood is forced out of its vessels and its volume is reduced - just as the mass of a sponge full of water can be diminished - Depressed bone - extravasation of blood - formation of purulent matter - are the three causes of compression of brain - proceeding from an injury - Mentioned a case illustrating second cause - man struck by brick on the forehead - presently fell - spoke of injury - in a short time was completely insensible - I saw him shortly after the injury - persons down stairs told me he had come to call for the man

was dead - I went up and found him completely insensible - every now and then he wd. take a deep inspiration - I dilated the wound a little - got out a small fragment of bone and about an ounce of blood gushed out - man recovered his consciousness completely and got well - here from these symptoms could not have been owing to a depressed bone for in that case they would have come on at once - would have been most grave immediately after the blow was inflicted.

Mentioned a case illustrating 3rd cause - Man struck over the root of the nose with a stone - no concussion ensued - skull was fractured but not depressed enough to cause symptoms of compression - he was apparently well for 4 days - Suppuration took place and he died - The pus not only caused pressure but it was itself the result of an exceedingly dangerous process - always a very bad sign for the wound in the scalp to present a flabby appearance and to be very sensitive.

Compression from bone being driven in. Skull is composed of two tables "diploë" between - the inner being more delicate always is broken into more fragments than the outer - The external table may be broken alone - or the internal table may also be exclusively fractured - Traumatic Apoplexy - Is a true apoplectic state - Stertorous breathing - sluggish pulse - hemiplegia - pupils dilated - Bear in mind many lesions of head can't distinguish concussion from compression - Fractures of

The cranium - Egg-shell - radiated - The quicker the blow the more limited the fracture -
Sect. 38th - Diploe" is not present either in very old or young persons - Egg-shell - prolonged fissure - Mentioned a case - Man struck on side of the head - fell down, insensible - some degree of consciousness when my father saw him - he was put upon operating table but on seeing the instruments he had sense enough to know some pain was about to be inflicted and resisted so violently that the operation could not be performed - put off until the next day when the man was much better - surgeon decided not to operate - man 3 mo. after had some impediment in his speech but otherwise doing well - I never heard of him after but I haven't the slightest doubt but that he recovered entirely - Bear in mind that symptoms of compression from depression are most grave immediately after the injury. When symptoms are very urgent proceed to remove the bone and elevate - or elevate if the fragments will permit without taking away any portion of bone - Suppose depressed bone without any very decided symptoms? Why then wait - antiphlogistic means - if symptoms of compression increase or if cerebral irritation ensue then operate - Sometimes necessary to operate even when no symptoms of compression exist - X I saw a case in which a young surgeon had operated and removed portion of bone - some time after I saw the case - fistulous openings existed - patient had epilepsy - I inferred the presence of dead bone -

- dilated - touched with a probe a piece of loose bone - removed - patient did well - It is often very difficult to decide whether the case is one of concussion or compression - for instance - man receives blow on the head - suffers first from concussion - before he recovers from this blood is extravasated and compression ensues - you might infer that inasmuch as the patient was insensible from the very beginning the compress. was owing to depressed bone - be very careful - almost inevitably fatal when symptoms of compression arise from suppuration - The usual result is also death when effused blood is the cause -

Sect. 39th - Still on Fractures of Cranium - Unfortunately absent - Clinical Surgery. Patient was brought into my office this morning with the handle of a small toy tea pot in the oesophagus - couldn't swallow any solid food; with difficulty - liquids - Owing to the shape of the substance, it was useless to attempt to extract with the instrument used for large old - fashioned corks. The only expedient was to force it down into the stomach - This I did, by means of a piece of whalebone - I pressed against with a gradually increasing force - felt it give way - have no doubt slipt into the stomach - There is some little risk it will not pass off by the bowel but be caught somewhere in its passage - cause ulceration - perforation of the intestine - By with double cataract - can see much better with the eye first operated on - the other one is

coming on well - fragments being absorbed - Case of ununited fracture (before reported) took off the starch bandage - union has taken place - applied bandage merely - let it be moved apparatus every day and gentle rubbing of the leg practised - I had occasion to reduce a dislocated shoulder yesterday, wh. had been mistaken for a fracture - This is the fifth case within a very short time of this mistake - You must be extremely careful; such mistakes ruin a young man - If you can't make out the injury say so, and request a consultation with some one who has had more experience - I often use the starch bandage apparatus in treating fract. of the leg - vastly better than any carved splint - moves easily with the leg - very light -
Case of Ptosis - Still using Bromide Potas. gr. x 3 times a day - Fract. of Femur - 6 wks. union generally accomplished - sometimes in 4 - after treating these fractures when you take the splint off, patient complains of rigidity in the knee joint - gentle exercise - frictions, soon accomplish desired result X My son amputated this man's finger - used local anesthesia by means of spray of rhigolene - You see the flap has sloughed away. This local anesthesia by freezing the part, is one of the greatest humbugs of the present day - yet we must try these things sometimes to test their value - as they are so highly lauded by others - Now after frost-bite we generally have sloughing wh. is extremely difficult to treat - You leave the part in the same condition when you use

these freezing mixtures - the vitality has been to a certain degree impaired. The great thing in a surgical operation is to cure ye patient - of course if you can alleviate his pain without standing the cure it is well - Chloroform in my opinion is used too extensively - an agent wh. exerts so powerful an influence on the system must modify it. Yet we are obliged to use it when the patient demands it. In the reduction of dislocations it is proper also in reduction of hernia - I have reduced a hernia by this means where I wd. otherwise have been obliged to operate - I know of a case of epilepsy caused by Nitrous oxide gas - the attack came on a few days after using - undoubtedly caused by it.

Lect. 40th Hernia - Jan. 7th The cavity of the abdomen encroaches on the bony walls of the thorax. Bounded above by the diaphragm. In front and laterally by 3 layers of muscles - below by the pelvis - when the bladder and rectum are empty, the viscera descend into the cavity of the pelvis and are supported by the levator ani. Notwithstanding these admirable arrangements for the protection and support of the viscera, they sometimes are inadequate and portions of the abdominal contents protrude - A weak point in the walls is where the spermatic cord passes thro' to the testicle; here you would expect a small knuckle of intestine would insinuate itself thro' - The crural or femoral canal is another point - Umbilicus - sometimes hernia occurs thro' Obturator foramen - where the obturator nerve and artery pass thro' - Very rarely thro' the

Sciatic notch - Gluteal vessels pass - Sometimes thin walls of abdomen itself - happens that there is some weak point - rare occurrence.

Diaphragmatic Hernia - Scarcely ever to be recognized during life ✝✝

The hernia is sometimes composed of omentum alone - Epiplocele - intestine alone Enterocele - both Entero-epiplocele - Stomach is sometimes engaged in the hernia - The sac of a hernia is formed by the peritoneum wh. is pushed before the intestine - Sometimes the hernia has no sac - as in certain hernial in wh. the caecum is concerned - Sometimes the sac is absorbed away - sometimes ruptured - Sometimes there is a double sac ✝✝

The first neck will sometimes be dislodged and another portion of peritoneum will be pushed out - Changes in the omentum after it is protruded - It is folded up as it comes out; these folds become adherent to each other - forming a ball incapable of being returned - Sometimes a portion of intestine is protruded - after passing thro' ruptured omentum - In operating for Strang. hernia we are sometimes obliged to cut away a portion of the omentum - I have done this several times without any serious result. Intestine is sometimes adherent to internal surface of the sac -

General characters of Hernia. Causes - Exciting. Predisposing. Anything wh. weakens the walls of the abdomen is a predisposing cause. Constipation - not only account of preternatural distension of the walls but also from great straining - Pregnancy - So far as my observation extends no cause so common as a chronic cough - Certain articles of diet -

any thing wh. compresses the walls of the abdomen - Coughs cause not only hernia - prolapsus uteri - Exciting causes - many of the predisposing causes may be cause of exciting hernia - lifting heavy Weights (blowing on wind-instruments one of the predisp. causes) Symptoms. Sense of weakness and a "stitch" in the side - patient instinctively supports the part with the hand - after a little finds a tumor wh. grows on increasing until at length it becomes very manifest - disappears when he lies down - or makes pressure. An omental hernia has a doughy feel - no gurgling when it is returned - doesn't go back as easily as intestine - Intest. hernia - tympanitic - gurgling when returned - Entero - epiplocele - combination of these signs - You can distinguish hernia from hydrocele by the tumor in the latter beginning at the bottom of the scrotum - desire the patient to cough, no impulse - tumor of hydrocele generally larger at the bottom, because it drags down the cord and has a narrow neck.

Sect. 41½. Hereditary tendency to hernia in some persons - More frequently operate for strang. femoral hernia than any other variety - Umbilical - Ventral.

Reducible - Irreducible - Strangulated. Reducible - Capable of returning - Irreducible - Remember that the ~~sac~~ sac itself is very rarely indeed returned - Adhesions of the intestine with each other - increased volume - great volume wh. protrudes - all prevent reduction - Sometimes the omentum is protruded - folds become adherent - prevent

the reduction - There is a form of hernia wh. is called Incarcerated - Some authors confound with Strangulated hernia - When a hernia has been irreducible for some length of time the intestine sometimes becomes incapable of transmitting its contents - Mentioned a case - deranged person - escaped from asylum - wandered about for few days when friends found him - he had had hernia for some time - but now it was considerably enlarged - great mass of intestine protruding - proceeded to force back the indurated faeces and at length succeeded - after pressing out a large quantity - in reducing - now this was an example of incarcerated hernia Strangulated hernia. The hernia becomes so constricted at the neck that the circulation is interrupted and it (the intestine) becomes incapable of transmitting its contents - Slow Chronic Strangulated - Quick acute strangulated - In chronic strangulation the constriction being incomplete transmission of contents only interrupted at first - after 3 or 4 days, strangulation is completed - I have seen strangulated hernia even to mortification without the pulse being much modified - Unless relief be given patient ceases to complain of pain - very likely from the relaxation of the parts from gangrene will have an evacuation - an inexperienced person apt to comfort comfortable himself that the patient is much better - death - Remember that the patient may have a copious passage when the strangulation is at its height -

I had a case in wh. the intestine was gangrenous and yet the pulse was good - When mortification takes place the tumor assumes a dusky appearance - In acute strangulation all the symptoms supervene more rapidly - Patient has been known to perish in 8 or 10 hours - made more frequently in a couple of days - Constipation - Vomiting - frequently repeated - Epigastric pain - When mortification results all these symptoms cease - death - We will now consider the different varieties as founded upon their anatomical variations - Inguinal - Femoral - Poupart's lig. may be considered as the convoluted margin of the tendon of ext. oblique - (Here followed Anatomical description wh. I did not think necessary to note - as Gray's Anatomy contains all) - You can always avoid the Epigast. artery by giving a proper direction to yr. knife - Clinique. Here is a case of stricture; an exceedingly obstinate one, resulting from a cicatrix from caustic potash - a very absurd practice - always leaves a very obstinate cicatrix. When I introduce this instrument I feel it strike a very dense and resisting substance. Fract. of Surg. neck of humerus. Old Lady 75 or 80 yrs. Very little displacement indeed - Now you see at once that the shoulder joint is perfectly natural - It is astonishing what great recuperative powers the old sometimes exhibit. I had an old lady, a few weeks ago, with strang. hernia - 84 yrs. old - had been strangulated 2 days - I operated and she recovered with astonishing rapidity - in a week well -

- wound healed by first intention - xx In this we showed never, therefore, relax our efforts on account of the age of the patient - In this case when I grasp the upper part of the arm and practise rotation crepitus is distinctly heard - I will apply pasteboard splint [illegible] to outer part of the arm - embracing the shoulder above - and bandage this to the arm - no necessity of applying wedge shaped pad as there is but little displacement - carry some turns of the bandage across the chest to opposite axilla and back - No support to the elbow - let it drag - to counteract by the weight tendency to shortening - Case of burning by sulphuric acid - A cicatrix has less vitality than skin - more subject, therefore, to disease - If there is a disposition to cancer it is apt to develop itself in a cicatrix - Record uses sulphuric acid and charcoal as a caustic for chancres &c - I much prefer the pure nitric acid or caustic potash - In cases of inverted toe-nail, split the nail and then extract - very painful operation - allow us stocking to be worn for a time - If let alone the nail will grow out and same condition of things recur - therefore shave the top of the nail very thin and as it grows out it will turn up - Never cut the angles off - cut right square across - In cases where the finger has been chopped off I never deem it necessary to retract and saw off a portion of bone, in order to make a flap - Some of the German surgeons - and I am not sure but what is the best way -

simply lay the finger or toe on a block & and cut it off with a chisel - The cicatrix contracts and draws the skin over. I had a case - anterior part of the foot cut off by an ax - was brought to this house for amputation - The wound had already commenced to cicatrize around the borders - I determined to let it alone and trust to Nature - The integument was gradually drawn over by the cicatrix - healed beautifully - In amputations of the foot, I practise an entirely different method from any recommended in fr. books - Suppose, for instance, the anterior part of the foot has been crushed - If it advised in fr. books to amputate thro' tarso - metatarsal artic. - here you lose more soft parts - more bone (and leave a surface coated with cartilage) than in my plan - I make the best flap I can and saw right thro' the metatarsal bones - not going back to their articulat. with the tarsal bones - I save every atom of bone you can - all the length of the foot possible - and as much soft parts - This operation not only in amputat. of metatarsus but also in other situations - make a section of underlying bones.

Lect. 42nd. Hernia by oblique descent - Peritoneum - Fascia Propria (thin cellular tissue nothing like so distinct as in femoral hernia) Transversalis fascia - Cremaster muscle - Intercolumn. fascia Superficial fascia - H. by Direct descent. (Recollect that in Oblique ing. h. the epigastric artery lies to the ~~outer~~ inner side of the neck - can never be otherwise.)

Has nothing to do with the int. ring - pushes directly through - touches the cord where it is invested by the cremaster m. and therefore does not make it one of its coverings. Exactly like the other variety only the cremaster is not of the coverings - In cutting down - Skin - Sup. fascia - Intercolumn. fascia - now we very like we come to the cord - Fas. transversalis - Fas Propria - Peritoneum - Epigast. a. to outer side of neck - It has been thought by surgeons to be an important matter to determine on wh. side of the neck the artery lies - not so - for can always avoid by giving a proper direction to yr. knife - X Diagnosis of Ing. hernia - Generally in males. An intelligent person will generally be able to tell you the course the hernia took - An ing. hernia will sometimes remain in the canal - not issue from the ext. ring - Sometimes a portion will be retained in the canal and another part protruded. A hydrocele begins in the scrotum and enlarges from below - no case of hydrocele in wh. you can not insinuate yr. finger and thumb between the tumor and the ring - the cord may be enlarged and you must be prepared to effect this - Hyd - is translucent in a degree - I saw a very eminent surgeon operate on a tumor - supposed to be hernia - was a hydrocele of the cord. We met with a great many cases of hyd. of the cord in children - Will this tumor is not tympanitic - no clear sound - no impediment to function of intest. canal - You can make this tumor apparently recede - but you merely

push it against the elastic walls of the abdomen wh. give way in a measure. Varicocele - enlargement of veins of the cord. Not unfrequently persons come to me wearing a truss for supposed hernia, with varicocele. No difficulty in distinguishing from hernia - Put patient on his back - elevate the scrotum - tumor disappears - put yr. fingers firmly on ext. abdom. ring - direct him to rise - tumor - the moment he gets up. returns - increased size - You hinder the return of blood but not the intestine = Congenital hernia - When the ~~testicle~~ testicle comes down pushes before it a fold of the peritoneum - wh. becomes the tunica vaginalis - Long. p. often with hydrocele. In the young patient never try to cure hydrocele by exciting inflammation - I saw a child perish by the surgeon undertaking the radical cure - Then there is a form of congenital encysted hernia - double sac - Femoral Hernia - The vein must be loose in the canal - or it will be compressed - Fascia propria great deal more distinct than in Inq. hernia - Never has a neck any thing like as large as Inq. hernia - 4 cases out of 5 wont be larger than my thumb - tho' I have seen it as large as my fist - Sometimes the intestine escapes between one of the meshes of the cribiform fascia. Other cases, pushes the whole fascia before it - This hernia is sometimes mistaken for Inq. h. on account of it turning up over the ant. lam. of fas. lata - In operating I make one longitudinal incision

In operating I make one long incision right over the summit - parallel to Poupart's lig. F. profunda looks very much like the peritoneum. Epigastric A. always on outer side. The obturator branch may be on the inner side - 2/1 1-epig-a 2 obturat. I've dissected a great many subjects - and in nearly all the obturator was closely applied to the parent trunk - so that it was on the outer side 2/1 1 epig-a- 2 obt. a. - Inasmuch as the first arrangement may exist - we must always be careful - The diagnosis of fem. h. is, in some respects, more difficult than inguinal - Fem.h. is sometimes confounded with bubo - I knew of a case "young lady" - surgeon confounded a bubo with fem. hernia !! - enlarged gland may also be mistaken for hernia - Femoral hernia is almost always strangulated at Gimbernat's ligament -

Sect. 43rd - The hernia may be strangulated in one of the meshes of the cribriform fascia - or by the sharp margin of the ant. lamella of fascia lata - but almost invariably it is constricted by the sharp edge of Gimb.'s lig. - this edge is almost as sharp as a knife - Reducible H. Trusses - Essential parts are a spring and a pad - office is to support the wall of the abdomen and keep the hernia from protruding. Inguinal hernia is much more frequent than any other variety - It is a serious objection, in my opinion, for the pad of a truss to be convex - it then acts as a wedge and further dilates the opening -

French truss- Can make the Spring weaker by pressing it out- stronger by pressing in- Chase's Truss- Wooden pad- is designed to produce a radical cure- Many years ago a man ploughing in the field (in Kentucky) was annoyed with his hernia- he cut a piece of wood and strapped it on, in order to keep the intestine up- next day the part was very sore and he was obliged to keep in his bed- inflammation- adhesion took place- cure resulted- This is what you want to effect by this truss- Marsh's Truss. Ivory pad. pad Spring also- besides the main Spring- a hernia inclines to slip out at the lower part- this Spring presses the lower border of the pad inwards- Modification of Marsh's Truss- Ring- and ball of ivory in the middle- very expensive. Ball and socket truss- We apply a truss not with the intention of effecting a radical cure- wh. is very seldom accomplished- but to support the abdomen- The truss I wd. recommend is the French Truss- with the convex pad off- and a flat one in its place- I'll show you a modification in a few days- When a patient first puts on a truss apt to cause sores- proceed with it gradually- first day 3 or 4 hours- very probably 2 weeks before he will become accustomed to its use- like enough will have to discontinue its use for a little time. If radical cure is attempted keep it on even if much complaint- It is inflammat. you want to effect- have it worn night and day- Never

apply a truss until the whole of the hernia has been reduced. The pressure of the truss may cause varicocele - the cord is necessarily pressed upon. Sometimes hydrocele is caused. Sometimes these results are unavoidable but generally they result from badly fitting trusses.

The operation for obliterating the sac of hernia is justly generally abandoned - you leave the walls of the abdomen in the same situation as before and the closure is very weak so that the hernia almost always returns. I heard lately of a case in wh. death resulted - You must always direct yr. patient with hernia to be careful with his diet - eat nothing very hard that would remain so in the intestinal canal - swallow no cherry stones - mentioned a case - artificial anus caused by patient attempting to reduce his hernia after swallowing a cherry stone - the stone lodged in the hernia and the pressure of his fingers caused it to burst thro' the walls - Bear in mind that everything wh. traverses the intest. canal has to pass thro' the intestine wh. is included in the hernia. Irreducible - Sometimes when a person has an irreducible hernia and is confined to bed from typhoid fever or any other long attack of illness on getting up they are astonished to find the hernia reducible - the tissues all become much thinner from emaciation - I had a case - irreducible for 3 mos. kept patient in bed 3 wks - gentle taps every day - succeeded in reducing. Strangulated - Circulation - transmission of

contents uninterrupted - Chronic Strangulation - never proceed at once to operate - taxis - handle in such a way as to force it back if possible - Empty lower bowel by injection - much pain anodyne - Before proceeding to employ taxis - flex thighs on pelvis - thigh of the affected side to be turned inwards at the same time - in order to relax the muscular tissue - Employ chloroform - complete relaxation - head and shoulders somewhat elevated - Has been recommended to place patient's legs over shoulders and let the body hang down - weight of the viscera pulls them down - If we have more time and taxis does not succeed employ cold applications - Prof. Davidge told me he had seen not more than one case of Strang. ing. hernia in wh. cold applications had failed (in femoral hernia cold applications of no use whatever) - cold causes contraction of tissues - this contraction exerts equal pressure. Use of tobacco universally abandoned - Where does the strangulation exist? External abdom. ring very free - very rarely seat of Strangulation - Ive never found it so in a single operation. The pillars of ring very elastic - - not unfrequently at the neck of the sac of itself - from the increased volume of the parts - Often it is also strangulated at the inner ring -

Clinique - Here is this case of Stricture - one of the most cases Ive ever seen (Before reported - from caustic potash) even if we succeeded in getting a large sized instrument into the bladder the cicatrix very likely, would again

forms- Bubo - Sometimes a small chancre is overlooked by the
patient- There is no doubt, in my opinion, that sometimes
the poison is absorbed into the system producing a bubo,
without the occurrence of a chancre - on the genitals-
In this case the bubo is now suppurating - poultice it - when it
fluctuates we shall open - ineffedient to open too soon -
Use Pod. Potass. X. Not uncommon for gonorrhea and
Syphilis to exist together in the same patient - chancre
with hard base is inevitably followed by constitutional
symptoms - Use in this case Plummer's pill - ℞ Prot.
Chlor. Hydrarg. gr. i - Aur. Sulph. Antimon. gr. iss
Gum Guaiac - gr. iij m ft. pil. no i morning
noon and night - Mercury given with gr.s. antimony
is far less likely to salivate - At the same time use
Bi Ch. Hyd. gr. i - Aquae ℥i locally - I ~~never~~
use neither the Black nor Yellow Wash - Large portion
precipitated - you might as well sprinkle with the
dry powder at once - not so with the simple wash
of Bi C. Hyd. and water (gr. j - ℥j) - good solution is
formed - If we see a chancre in its very infancy - barely
perceptible hard base - destroy it with Nitric acid - or
to be more sure caustic potash - you prevent constitu -
tional symptoms following when you thus destroy it -
before absorption has taken place - if the chancre has
a large hard base it is in vain to attempt thus to
destroy - use Bi C. Hyd. wash - Very important a
person should not expose himself much when he is

taking mercury - Here is a case of Gonorrheal Orchitis - frequently results from gonorrhea - not often from gonorrhea properly treated - If the discharge be suddenly suppressed by a powerful astringent injection - orchitis apt to result - the testicles sometimes swelling up 6 hrs. after - Sometimes (therefore always direct patient to urinate before injecting) the poison is carried back - by the injection - to prostratic portion of the urethra and affects orifice of vas deferens - Now in this case inject warm flaxseed tea into his urethra - in order to expel discharge - keep him on his back - taking care that the testicles are not allowed to drag down between his thighs - keep them snugly supported - give him ℞ Tart. Antimon. gr. 1/10 P. C. Mercury gr. i - M ft pil. i - -

Hernia of the thigh is nothing more than a large bone-felon - Sometimes when patient has a bone felon the pus makes its way clear up to the elbow - dissecting out the tendons - disastrous results follow - should be divided in the beginning - In this case it has been very properly opened - poultice a little longer - then use basilicon ointment - Having a little more time we will proceed with HERNIA - Here is the truss which, in my opinion, accomplishes more than any other - I have used in a great many cases - French Spring - The neck which connects the pad with the main spring is of soft iron and can be bent to suit - The pad is of metal - hollow - broad edge - Generally worn without any thing

covering the metal. if you please you may cover with a buckskin
- the hernia, in this truss, isn't at all likely to slip out under
the lower border of the instrument - ball and socket
joint so that when you move the main spring doesn't affect
the "pad." Sometimes a person with fem. hernia is seized with
colic - intestine becomes filled with flatus - irreducible - but there
is no fever. no tenderness in the belly - no vomiting of stercorac-matter
In such a case give a strong anodyne - after a little the intestines
will disengage themselves - Let me advise you in femoral h. not
to delay. You may deceive yourself in regard to the size of the
tumor, by forcing back some of the fluid contents - In cases of
ileus - or supposed cases always examine the groin - You may
find a femoral hernia about the size of yr. thumb - sometimes
escapes notice of both patient and surgeon - at least the
former thinks it has nothing to do with the symptoms.
Mentiones a case - called in with physician to see a case of "ileus"
- found it to be fem. hernia - gangrene had taken place -
did - I've seen these mistakes a great many times - never
hesitate to examine - females apt to object - always
satisfy yourself. In strangulated fem. hernia - Do not wait
over 24 hrs. Some case mortification takes place in 12 hrs.
Inguinal H. Now the operation wh. I recommend and
practice is the one where you open the sac - so that you
can always find the constriction. Scarcely ever
necessary to make yr. incision co-extensive with the
tumor - free enough to be able to replace however. Commence
yr. incision above ext. abdom. ring - just at the very summit

of the tumor - divide skin and subcutan. fat - next fascia superficialis - very distinct - elevate with opening forceps - horizontal cut with knife - director - rip it up - Intercolumnar fascia - Very thin - Cremaster reddish fibres - Fas. transversalis - thin Cancella. Fascia Propria - thin cellulose tissue wh. connects the peritoneum with the walls of the abdomen - Divide all these with incisions corresponding - or nearly so - with the external one - You now come to the sac - pinch it up with forceps - slight horizontal cut - slightly colo'd serum generally flow out - if dark bad sign - Proceed ~~for~~ to explore for the seat of the stricture - commonly at internal ring - when you come to the seat of the constriction pull the intestine down a little to make it tense In dividing use a small, very narrow bistoury - with a very small probe point - flatside on the finger - using ~~yr.~~ finger as a director - never use a director - When you can insinuate ~~yr.~~ finger along the intestine into the cavity of the abdomen the stricture is overcome. ~~If the intestine is~~ ~~[illegible]~~ - In an omental hernia We are sometimes forced to cut away a portion of the omentum - no disastrous results has ever followed this practice in my cases - provided the other symptoms were favorable

~~[illegible]~~

Lect. 44th Hernia - It is the advice of some surgeons not to open the sac - divide the constriction without opening it - (&c) For recognize the sac by the presence of a fluid - finger if up, delicately by means of forceps - horizontal nick - insert fr. director and divide - It is a hazardous expedient to divide the constriction without opening the sac - the constriction is often within the sac - I've operated at least 200 times for strang. hernia and have never seen anything disastrous result from opening the sac - no deaths by peritonitis - In dividing the constriction I always use my finger - a director is very apt to push before a fold of the mentum or intestine - insinuate fr. finger nail under the edge of the constricting membrane - lay the bistoury - a very narrow probe-pointed one - flat on fr. finger - insinuate the probe point under the edge of the constrict. membrane - then turn the bistoury - and by a little motion when fr. divide - extensive cut not necessary - Sometimes the constriction is at the internal ring it recedes into the cavity of the abdomen - Where you open the sac for effect the division of every thing - after operating apply a voluminous compress - spica bandage - In making deep incision cut a little upwards and inwards - parallel to the course of Epigastric artery - The fact is however there is very little danger of dividing this artery - it is not necessary to make fr. incision very extensive 1/4 of an inch is sufficient - in dividing the constriction X Mentioned a case - Operated - found intestine for strang. ing h. - Gangrene came on - intestines gave way - got well without any other aid

than a compress - and keeping the lower part of intestine open by injections. - generally an artificial anus results - Truss, bear in mind, is always to be used after the operation. - Operation for fem. hernia. More difficult than operat. for ing. hernia. - strangulation is deeper. As the tumor is not large make yr. incision co-extensive with it. Fas. Propria closely invested. Deep incision upwards and inwards - not necessary, however, to make an incision large enough to cut any artery - close the wound with a suture or two - few adhesive strips - voluminous compress & spica bandage - after operating don't allow the patient to get up out of bed - before getting up apply a truss - or pad if much tenderness at first. Umbilical hernia. Very rarely does strangulation take place - I've operated twice - in neither case could I return - divided the constriction - one died - the other ^ very little reduction in size of the tumor after the operation - divided in both cases the constrict. merely - couldn't return the intestine. Obturator h. I've never seen a case. Ischiatic H. I have seen one case.
In obturator h. probably not more than one case in 20 will be recognized. Hydrocele. Is a generic term - we have hydrocele of the neck. H. of the Scrotum. Serous membrane inflamed, serum is poured out - higher degree of inflamm. lymph - adhesion - Sometimes complicated with hernia x begins at the lower part of the scrotum - translucent in degree - soft at first when the cavity becomes well filled hard. Not tympanitic. Puncture very cautiously in yr. diagnosis - always inquire whether

there ever existed a tumor on walls of abdomen - hernia -
Two operations are performed - Palliative - Radical - The testicle
is at the posterior - inferior part of the tumor - insert trocar obliquely
upwards and backwards - guard with fr. finger the depth fr
wish to insert, that fr may not plunge too deeply - with a
quick movement penetrate - after oiling fr. instrument -
if yr go abt it slowly fr indent the integ. and stand
good chance of wounding the testicle - Average quantity of serum
is one pint. Palliative operation in children will excite sufficient
inflammation - I often puncture the tumor in 3 different places
with a Lancet - if inflammation doesn't cure first time it
will second third or fourth operation - After operating
with the trocar I twist around the cannula in the scrotum
in order to irritate - I scratch the walls, fr may say, of
the sac. Radical operation - fr not only discharge the
water but employ means to excite inflammation - injection
celine - tenty - wh. excite high degree of inflammation -
By injection - I employ Tinct Iodph. ℥ij - Aq. ℥j - The
solution recommended in yr. books isn't strong enough
- inject enough to distend the tumor to nearly its original size -
Gum elastic bag is better than a syringe - In yr. manipu-
lations with the syringe yr are apt - to draw out the point
of the instrument fr within the sac and the whole injection
will be forced into the cellular tissue - causing sloughing of the
scrotum - leaving the testicles as bare as plums on
a tree - I once met a young gentleman who was going to
perform the operation for hydrocele - I asked him what
method he was going to employ - he said injections by

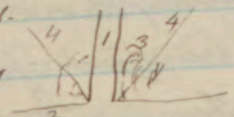
the syringe - I told him to be extremely careful about this point - He remarked he had no fear for he fully understood the importance and danger of it - He performed the operation and in spite of his confidence injected the entire solution into the cell. tissue - sloughing took place - testicles bare - I never heard of the result of the case, further - Dr. Valentine Mott made this mistake 3 different times. Let the injection stay in long enough to produce a very decided impression - Inject. of iodine - Before the Sulph. Zinc - Iodide of Potassium renders iodine soluble - Operation by the Seton - often fails - There is another operation wh. is always successful viz. the tent - Why a tent should be more successful than a seton I do not know - yet such is the fact. Whenever I want to be sure of a cure I employ the following method - Take a tenaculum - insert it into all the tissues and bring the end of it out again - This is to prevent them sliding when you make yr. incision - if you did not thus hook the tissues up they wd. slide on each other and the openings wouldn't correspond. Make an incision an inch or 1½ inch. in length - Then take a little slip of greased linen felt it on the handle of yr. knife and insert into the wound - push it back - leave it in, with ends hanging out. If there is much pain and irritation in 24 hrs. you may take it out - if not, leave it in for 48 hrs. I have never failed in a single instance - inject. will generally do - not always however - Keep the

patient in the recumbent posture - will sometimes be followed by suppuration - patient gets well, however.

Lect. 45th. In hydrocele when the patient coughs no impulse is given to the tumor. Hydrocele is especially liable to be complicated with hernia in young children. Always bear in mind that it is never prudent to attempt the radical cure of hydrocele in young children - for excite sufficient amount of inflammation by the Lancet (in the way mentioned at our last) or by the canula. Mentioned a case. Ventured to introduce a tent - inflammation was propagated along the cord - fatal peritonitis. Nothing disastrous ever results from 3 or 4 punctures by the lancet. - sufficient degree of inflammation is excited - child ultimately cured. Hydrocele of the Cord. Generally in young children. A man was exhibited to me the other day as having 3 testicles. I soon deprived him of his honors in that respect by pressing h. of the cord. I knew of an eminent surgeon who cut down on what he supposed to be a strang. ing. hernia - was hydrocele of the cord. Now in this disease you can't return the tumor into the cavity of the abdomen - or if you succeed it in doing this in very young children it immediately pushes out again as soon as the pressure is removed. Not sympathize - Fact of its never having been returned into the cavity of the belly is a good diagnostic point. You must cut down on it with great caution. Varicocele. Varicose condition of the veins of the cord. If a varicose vein in the leg should burst (as they sometimes do) or be wounded great amount of hemorrhage - patient if ignorant of the fact that the recumbent posture

and raised position of the limb will control the hemorrhage loses a large amount of blood. Some varicoceles become of large size - large as fist - and the veins of the scrotum are concerned. This disease causes trouble in various ways.
1st The production of very unpleasant sensations in the patient - incapable of any muscular exertion - "weak in the back" - Also this strangulation of the blood leads inevitably to atrophy of the testicle - becomes at first soft - finally almost entirely disappears - left side is more subject to varicocele than the left - on account of the testicle hanging lower. The radical cure of this disease is difficult and often impossible - at least it is often very imprudent to attempt it - on account of the danger of phlebitis. You remember in inflammation of the veins the morbid products are carried to the heart. I saw a patient perish in this house from phlebitis, 3 or 4 days after the operat. for varicocele. In cases in which there is a moderate degree of distension you must employ the palliative treatment - bathe parts frequently in cold water - some use astringent applications - not of much account in my opinion - affect the skin only - Use suspensory bandage - the object is to keep the scrotum snugly pressed up. If you see this disease in its infancy no trouble whatever, in arresting its progress - or preventing anything disastrous resulting. Suppose the veins are larger? Extirpation of these vessels Hoist the scrotum up a little before the operation - in order to favor the return of the blood. Then you dissect the vein out from the cord and artery apply a ligature - very apt to be followed

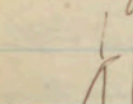
by phlebitis - Another operation is to compress the cord by means of
an instrument - much safer than the last - Another - by silver
sutures - The plan I practise is the removal of a portion of the scrotum
- thus furnishing a continual support to the veins - a natural
suspensory - Drag out the scrotum - distend it very much
indeed - best to remove a considerable portion while you
are about it - screw this clamp very tightly - (literally
putting the "screws to a man") - apply sutures also - in order to
be sure - in case the clamp fails - in front of the clamp - then
cut close to gr. sutures - This operation may be performed with
perfect safety - I've performed a great many times - never any thing
disastrous resulted. There is likely to be a good deal of hemorr
hage in all these operations about the scrotum. You are
to employ this operation when there is commencing atrophy
of the testicle - or the veins are very large - Otherwise
the palliative treatment. Fistula in Ano - Results from an
abscess formed in vicinity of the anus.



1 Rectum.
2 Strong fascia associated with Sphincter ani
3 Quantity of loose cellular tissue
4. Levator ani

We will suppose inflammation takes
place in this loose cell. tissue (3)
- between Lev. Ani and Rectum - and below by the
Sphincter ani and strong fascia - fistula results - from the
resisting nature of the walls - points externally - sometimes
internally - Fistula sometimes results from a foreign substance
lodging in a fold of the rectum - apple seed - chicken bone -
- In fistula there is always great pain - x Mentioned a case -
fistula - abscess pointed externally - lanced - matter pushed out
a foot from patient's body - great relief at once -

Sometimes there is no opening into the rectum - Sometimes no external opening - only an internal one - Sometimes fistula depends on constitutional causes - frequently arises in pulmonary complaints - and the progress of the latter seems in a great measure arrested by a fistula - When I am called to a case of fistula I always examine chest - general aspect of patient's countenance, &c. and if the fistula is connected with pulmonary disease I let it alone - unless it is a very large one with considerable discharge - or attended with great deal of irritation when I operate - Complete fistula.



Simplest operation imaginable - curved very narrow bistury - introduce yr. finger into the rectum - point of the knife on yr. finger - cut out - The pack lint well into the wound - so as to compel the healing process to commence from the bottom - Let me tell you there are two Sphincter ani muscles - one superficial - the other deeper around extremity of the rectum - You don't usually divide the deep Sphincter - If you cut both Sphincters you destroy the retentive power - Sometimes the disease itself destroys the retent. power by interfering with both Sphincters - then when the surgeon operates he will be blamed for what the disease has done -

Incomplete fistula - I believe an internal opening nearly always exists - if you search carefully for it nearly always find it - Convert into a complete f. and operate as before / Incomplete internal - How are you to ascertain the existence ? - Great pain - faces streaked with purulent matter - Insert yr. finger - thickened portion of side affected - generally feel the orifice - Sometimes

there will be a protrusion (with fluctuation) externally - then cance - convert it into a complete - Sometimes there will resist nothing externally - take an aneurism needle - insert it into the orifice - push it out externally - converting the fistula into a complete one - operate as before - The fistula is sometimes complicated with several openings - all dependent on the original fistula -

Clinique. Congenital cataract - boy 9 yrs. old - indistinct vision as there usually is in congenital cases. The cataract is not very conspicuous - pupils very much contracted - necessary to employ belladonna altho' I don't usually use it - Will operate to-morrow. I had a case - boy - without knowing the reason would push the eyeballs in with his fingers - this moved about the form of the eye and disturb the lens in a manner - Stricture. Stream of water small - very hard - stricture I will employ the knife - instrument - (used it and credit pass an instrument after dividing the stricture "Why, I can't say unless it be from spasm of the urethra from the irritation" I introduced the small bougie wh. the patient had always used and let it remain there for the present - One old case of stricture - passes water better - old case of double cataract - is going to have very good vision with both eyes - Scabies - I prefer the simple sulphur ointment - ℥i - ℥ii hard to all other remedies - no danger in its use from "taking cold" Bathe in soap and warm water frequently - Only objection to sulphur is its smell - light ointment, linen

deep seated inflammation from tight boot. Small portion of bone has been discharged. All diseases in wh. the periosteum and bone are concerned are very slow. in vain to attempt to remove the bone by chiseling. you don't know where to make yr. incision - and you by the operation cut away & more undiseased bone also. wait patiently then, for the separation of the dead bone from the living. You may employ a weak solution of Muriatic acid - Mur. lime - more soluble than the phosphate. The acid decomposes the bone where it comes in contact with it. Burn. No particular interest. How a superficial ulcer cicatrix forming. Linseed and lime water is as good as any thing. the lime - water is slightly astringent - if alter a little it becomes indolent. Basilicon ointment. Sometimes in extensive superficial burn granulations all right at first - then they become too exuberant - slough off - so on to get well after this. We apply Nitr. Silv. in solution to prevent this exuberance. Simply applied bandage. In introducing a bougie I guard the point of the instrument a little thus ——— then when I introduce I revolve. This is apt to search out any devious passage. Balanitis. Simple irritation not a specific disease. Zinci Sulph. gr. v. ℥j. Wash part frequently during the day in cold water. Gonorrhea - contrary to the opinion of some - results from a specific poison - not identical with that of syphilis - sometimes a chancre is 2 or 3 inches from the orifice of the urethra. When a bone is fractured and callus is distinctly by being broken again deformity - very apt to result.

Lect. 46th (Cases of cataract - In operating for cat. first strike the knife with rather quickly towards the centre - this will keep the ball from moving - then change the position of the instrument to the anterior part of the eye - (The instrument I use is spear-pointed -) then draw it back a little and strike it into the lens - avoid inflicting any serious lesion on ciliary body - spear pointed knife has 3 dark spots on handle - in order to ascertain its position - if you don't introduce it with the edges horizontal you divide more of the ciliary vessels and nerves than is necessary - these vessels tend from before backwards. The edge must present forward and backward - In cold persons the eye is always of a muddy appearance - you cannot see the iris as nearly as distinctly as in the Caucasian race. Always dip yr. needle in oil or lard - makes a great difference in regard to facility of introducing - Aneurism

Aneurism. a tumor, pulsating, found upon an artery and resulting from its morbid expansion - When the ~~dilatation~~ dilatation is abrupt and well defined - not involving the whole circumference - only, does it merit the title of an aneurism - 3 coats in Arteries - 2 inner nourished by the blood circulating in the artery - by imbibition - other by vasa vasorum - The fibrous coat (middle) is elastic and contractile (in the smaller arteries - cellular coat - Very similar in structure to cellular tissue in other parts of the body - capable of great amount of distension - nourished by vasa vasorum - This difference in the circulation of the inner and External coats gives rise to different pathological propensities -

True - Spurious - Mixed. These divisions are not regarded as of the same practical importance as formerly. True - all the coats are dilated. False - all are ruptured - external cellular tissue forms the walls of the aneurism - Mixed - One or two coats are concerned - Also divided into Spontaneous - Traumatic - 1. from disease - 2 - from a wound.

Spontaneous. Disease always begins in the inner coat. Atheromatous Steatomatous deposit - Chalky deposit - when you scrape away you find coats softened - in a great many instances the precursor of an aneurism - very soon impairs the structure of the inner coats - prevents absorption of blood - very likely the inner and middle coats both absorbed away - entirely disappear. External coat, very distensible, gradually yields - True aneurism is very rare - in this way is the Spurious aneurism formed. Sometimes the coats of an artery ulcerate - Sometimes also a kind of earthy deposit is formed in the coats - not exactly a bony substance - produces exactly the same result as the atheroma. deposit. Sometimes this earthy deposit becomes detached and circulates with the blood - (patches of it. That is) - Syphilis sometimes also modifies the coats that aneurism results - Syphilis modifies the nutrition of every tissue in the body. I had a syphilitic patient with popliteal aneurism - tied the artery - ligature gave way - very near losing his life - tied again higher up - near Poupart's lig. again gave way - concluded to try ligature again - good. compress - got well - another aneurism other leg - ligature gave way again.

fund. compress. Sometime after abdom. aneurism died.
Then was an instance of the influence of Syphilis on the
arteries. Any disease wh. will modify the nutrition of the
coats will give rise to aneurism. Progress of an aneurism. 2
inner coats begin to yield. attenuated. absorbed away. Ext.
coat now alone involved. very distensible. But this tunic at
length is absorbed away. the sheath now forms the walls.
disappears. Then perhaps a muscle or fascia is concerned.
These hard tissues. strange to say. are much more readily
absorbed than the cell. tissue. The aneurism at last
reaches some cavity. or makes its way to the surface. I saw
a patient. aneurism. Thoracic aorta. made its way into
the oesophagus. 3 or 4 hem. death. Another. Aneurism
abdom. aorta. made its way into cavity of belly. Aneu-
risms generally always travel to the surface of the body or to a
cavity. Is aneurism ever cured spontaneously? Yes. Into
an. When the two inner coats are absorbed coagula are
deposited on the rough surface of the cell. tunic. sometimes
the blood washes out the red globules. sometimes organization
takes place. another layer deposited. until at last
cavity completely filled up. the artery is rendered
impervious. collateral circulation established. recovery.
1. external cell. coat

Spontaneous cure of an aneurism.

Lect. 47th The deposition of lymph is promoted by
anything wh. embarasses the ingress or egress of blood
into the aneurismal sac. the rapid circulat. is interrupted.

active clot. Is a clot deposited and in wh. organization takes place - layer after layer - Passive clot. Clot deposited but does not become organized - Mentioned a case - Aneurism of femoral artery - just where it emerges under Sartorius - very old person - couldn't apply a ligature owing to diseased state of arteries - had n't slightest idea man would get well - nature, however, accomplished a cure - Another way in wh. nature sometimes effects a cure is by setting up inflammation, wh. diffuses itself and the whole tumor will slough out - the artery is plugged finally and hemorrhage thus prevented - Symptoms of an aneurism - Locality pulsation - not to be relied on without a careful examination - a tumor in the vicinity of an artery may rest on it and thus have an impulse given to it - the more so as the weight of the tumor impedes the circulation and causes greater action in the artery. an aneurism not only pulsates but also expands - Bruit de soufflet. Very characteristic - heard once always recognized afterwards - Take yr. don't compress the artery with yr. stethoscope - thus causing the sound. apply the instrument laterally / X If you make pressure on the artery / coming from the aneurism it (so) the tumor is increased - becomes very tense - above the aneurism softer - diminished in size - Aneurism is also characterized by a good deal of pain. It nearly always occurs in vicinity of large nerves - Pain is sometimes, however, not very characteristic - Remedies for Aneurism In many cases it is cured - the difficulty is that it usually

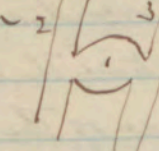
occurs when the whole arterial system is diseased - In persons 40-50-60 yrs. of age it is nearly always accompanied by fatty disease of the coats. Aneurisms almost always occur where the arteries bifurcate and where they are deeply seated - Nature has taken care that when an artery divides it should be deeply buried. A little way from the bifurcation the artery is more superficial and more accessible and in a comparatively healthy state - best place therefore for a ligature - After 4 or 5 hrs. from applying the ligature you will generally find pulsation returning in the tumor - rather favors the cure for then coagulum is formed - this blood comes from the collateral circulation. In 4 or 5 days the tumor is greatly diminished in size - solid - organization - John Hunter's "ligatures of reserve" denuded the artery to an unnecessary extent - acts as foreign substances - no doubt favored the very object they were intended to obviate - second hemorrhage. The artery is to be cut upon at some accessible point - above the aneurism denuded as slightly as possible (be sure you penetrate its sheath) - firm silk ligature to be tied tightly - until you feel the 2 inner coats giving way. Bleeding to a certain extent, both before and after the operation - Sometimes the recurrent circulation will restore the current of blood and defeat the cure - then it becomes expedient to apply a ligature on the distal side. Some have recommended it always to be placed on distal side: When the artery is accessible on the cardiac side and in a healthy condition on that side I always apply the ligature there - Compress is employed in

aneurisms - to hinder the egress or ingress of blood - thus favoring the deposition of coagula. I employ a simple india rubber ring - such as are given to children cutting teeth - it can't slip off - readily adapts itself to form of the tumor - completely embraces it - Mentioned a case - Traum. Aneurism - (from venesection) - bend of the arm - tried every kind of compress - wd. slip off - put on this ring - cure effected when I applied it the tumor didn't decrease any at first but the pulsations were interrupted - Mentioned a case of carotid aneurism - traumatic - pistol ball. could not endure any pressure on the neck - Contrived

2 springs - pad in the centre, to make counter-pressure - Two pads on the end - these pinched the tumor laterally, without any pressure on the neck - (It is in these traumatic aneurisms that pressure accomplishes so much - for the coats are not diseased) - perfect cure - Digital pressure - Requires relays of assistants - keep up steadily for 2 or 3 days - Cure was accomplished by this method by Prof. Knight of New Haven.

Traumatic Aneurism - Always a false aneurism - the sheath may be concerned - being very elastic and the small opening being filled up - it becomes elevated - Circumscribed - Diffused. Diffused - Artery being extensively wounded blood is diffused into sheath, cell-tissue &c. Gangrene sometimes results - In traumatic aneurism - owing to the absence of disease - not the same objection to applying ligature close to the tumor as in Spontaneous - Sometimes, however,

owing to the complicated anatomy of the situation of the traum. aneurism we are obliged to go some distance from the tumor. If pressure be insufficient it is best to open the sac - for can see the point where the artery is wounded, generally very distinctly - double ligature - above and below - Sometimes an artery is wounded into a vein - Aneurismal varix - There is a great deal more danger in the use of the Spring Lancet than in any other - all cases wh. have fallen under my observation the Spring lancet was used - Always bleed from the Median Cephalic - In aneurism. varix the blood rushes directly from the artery into the vein - the vein becomes greatly distended - you feel a peculiar thrill or sound when you apply yr. ear - veins are varicose throughout - the whole arm - Not an aneurism - This condition of things is very apt to give rise to atrophy of the arm - may exist for years, however, without any serious result - Pressure generally accomplishes a cure - If you operate press the vein aside and secure the artery above & below - Sometimes there is a traumatic aneurism between the artery & vein -



1 Traum. Aneurism 2 artery 3 vein - Varicose Aneurism

This is remedial in a large majority of instances by pressure - Pressure more likely to succeed than of fore-arm in aneurismal varix - Clinique - G.S. Wound - Cut for the bullet - couldn't find - In case in wh. I operated for stricture a very rigid spasm at first prevented the introduction of an instrument - now doing well - No. 8 bougie slip in without

difficulty - In dilating a stricture use first small instrument - after 10 or 15 minutes you can use the next largest with as little difficulty as the first - Almost always there is a tendency to reproduction of a stricture. Nitr. Silver will not produce the same disastrous results as Caust. potash - Nitr. Silver is not a true caustic - does not destroy parts. Sometimes you overcome a stricture by dilatation with astonishing rapidity - Mentioned a case - Close stricture - introduced a small bougie - next day a larger one - The stricture seemed to give suddenly away - was a diaphragmatic stricture - generally good deal of trouble - In one case of double cataract the boy sees much better out of the eye first operated on - not at all unlikely I shall clinch the other eye - The arcus senilis, as it shows morbid nutrition, is rather an unfavorable ~~thing~~ circumstance for an operation - not an insuperable one however. Lect. 48th - Diseases of the eye. Extraction of foreign substances from the eye - In a great many instances the foreign body is lodged just above the lower margin of the upper eyelid - seldom on the lower lid - A foreign substance lodged in the eyelid will cause more pain and more disastrous results than if on the eyeball itself - everytime the eyelids are moved scratches the delicate surface of the ball - When small particles of steel are knocked off and fly into the eye they also - being red hot or nearly so - burn the eye - a couching needle is the proper instrument to use in extracting them - bear in mind you can't get the stain out - it will remain - after removing all the palpable

portions for have done all possible. Sometimes foreign substances get up between the lid and eyeball - the lid closes over them and they are concealed - Mentioned a case. A man came to me - had been in a drunken fight - eyelid was turned - I directed him to look down - at the same time pulling out the lid and lifting it up - saw a foreign substance - proved to be a suspender button - how it got there I can't say, but there it was and I extracted it with forceps × You can always turn over the eyelid on the point of a probe - pencil - &c.

Dis. of eyelids. Ectropium - Turning out of the eyelid. Scarcely ever in upper eyelid. The margin is rolled out - patient can't perfectly shut the eye - Sometimes the result of long continued inflam. of the conjunctiva. May result - most intractable form - from contraction of a cicatrix. Nature will always borrow skin from surrounding parts - in fact true skin is never reproduced - cicatrix is not true skin. In ectropium from a cicatrix, the lid will often turn out in spite of everything you can do. When result of inflam. of conjunctiva the latter membrane is greatly increased in size - in this case pare away with scissors the thickened margin of the lid - for remove the increased volume, at the same time causing formation of a cicatrix within wh. contracts and pulls the lid in. The objection to cutting out V pieces is that sometimes adhesion fails to be accomplished. In ect. caused by a cicatrix very difficult to accomplish anything by a plastic operation.

great many instances in wh. it has failed and matters made worse. Adhesion of eyelids to each other and to the ball of the eye. Nothing can be done. If you cut the adhesions away you can't prevent them forming again - they will do so in spite of anything you can do. I used, years ago, to cut up these adhesions - have more sense now and let them alone. Adhesion of the lid to the ball. Divide with a small knife no question about dividing these adhesions - if by a small band. Conjunctivitis. The conjunctiva exhibits the same pathological propensities as other mucous membranes first by simple irritation - as by a smoky room &c. no constitutional causes whatever. always examine carefully to ascertain if any foreign substance be present. Very simple remedies - sometimes tepid water merely - darkened room - W.S. of zinc. After a little a leech - if much pain. Now I would advise you always to apply the leech to the septum of the nose - at the orifice of the nostril - same mucous membrane - causes an efflux of blood from the eye itself. Have the most happy results from this practice. In affections of the eye I don't use the nitrate silver as much as formerly - its continual use stains the eye of an olive color - must certainly modify its nutrition when it is thus incorporated with. Use Sulph. Zinc. Catarrhal Conjunctivitis. Always employ as pure water as possible in these affections of the eye. If the inflam. continue will be necessary to use something to supplant the diseased action. Argenti

Nitras gr. v - ℥ss - dip hair pencil and apply once - or your magnes Cupri Sulphas - If the Lids stick together "Red Precipitate"

℞ Ung. Cetacei ℥i
Hyd. Ox. rub. gr. x
M ft. ung.

} Purulent Conjunctivitis - Contagious - Shaking hands - wiping on same towel &c - as inf. dis person apt to produce. Lect. 49th Supra-orbital pains are generally the precursors of purulent Ophthalmia - Redness of the conjunctiva - thickening - secretion of mucus at first - then pus - Chemosis - patient keeps his eyes closed - matter cements the lids together - If not arrested the cornea sloughs or ulcerates - procidentia iridis - Treatment - Generally expedient to leech - apply at the septum of the nose - no danger then - as when they are applied to the lid - of the parts becoming bruised and inflammation arising - I've seen most disastrous consequences from the practice of leeching on the lids - the inflammation taking on the specific character of the disease - It is of great importance to keep the eye well cleansed - wash it thoroughly with tepid water - lift up the lid and spurt the water in with a syringe - Having wiped it dry anoint the lids with red ointment - Ung. Cetacei ℥i - Ox. Hyd. rub. gr. x - It is now important to make use of a remedy wh. will supplant the diseased action - Take a hair pencil - dip it in water - shake off the drop wh. hangs - rub on a piece of Nitr. silver - then touch the diseased surface everywhere - Then you may use W. S. of Opium ℥i - ℈j - You may use a weak solution of Nitr. Silver gr. i - ℥i - 3 or 4 times a day - after touching it with the pencil - once only - Sustain the efforts of nature by a

a tolerably generous diet - not a stimulating one, however.
Sequelæ - may have patches of opacity left - nebula - In a great many instances you can cause absorption of this deposit of lymph - local applications - Cupri Sulph. Exceedingly weak Solution of Bi Chlor. Hyd. Gr. 1/8 - ℥i - Powder composed of Oxide of Zinc - Sugar - Calomel - has been recommended -
Sometimes on everting the lid you will discover that the mucous membrane has become granular (not unfrequently overlooked by the surgeon) - Wipe with a crystal of Sulph. of Copper - or use hair pencil - Sometimes becomes necessary to scarify these granulations - Draw the shneider of a sharp lancet across them - Staphyloma - Cornea growing out - not a very uncommon sequela of purulent ophthalmia - Conical cornea is not the result of purulent ophthalmia.
Purulent Ophth. of infants - According to my observation always caused by gonorrhea or leucorrhea in the mother - Generally comes on in from 3 to 5 days - after birth - begins with closing of the eyes - lids adherent to each other - rapidly assumes almost precisely the same symptoms as purul. ophth. of adults - If allowed to continue the cornea almost inevitably sloughs and vision is lost - in 5 or 6 days it will cause complete disorganization - Treatment - 9 cases out of 10 if we see the case early enough we can save the eye - Nothing more important than keeping the eye thoroughly cleansed - when you expand the lids in neglected cases, the matter will sometimes spurt out - Wash them 5 or 6 times a day - use a very soft fine

Sponge - then pull the lids out a little and throw in tepid water - or a very weak solution of alum - with a syringe - Use red ointment to prevent the lids adhering - Very similar treat. to that of pur. opthth. of adults - W.S. of pium ℥ss - ℥j. Bear in mind that it is never expedient to apply leeches in cases of pur. opthth. of infants. The sequels of this disease are very similar to those of pur. opthth. of adults - Suppose after having subdued the inflammation we discover a little protrusion of the iris - Take a little dust scratched from a stick of Nitr. Silver. upon a hair pencil and touch the little excrescence with it - this will promote the deposition of lymph - Staphyloma - Of course the eye is disorganized - may by its prominence prevent the cheek from shutting the lids - then cut it away with a curved knife - You hope to prevent the entire destruction of the eye - You also leave a better stump for an artificial eye -

Gonorrheal Opthth. Supra-orbital pain - hemicrania - copious lachrymation - Suppuration. Exactly similar in its progress to pur. opthth. Cleanliness of more importance than any remedies - dozen times a day thoroughly cleanse the eye - Leeches continually bathed with W.S. of pium - applied on a soft rag - well adapted to the eye - Simple but nutritious diet - Nitr. Silver - Cupri Sulphas - Clinique - Cataract - There is a needle sometimes used wh. has a movable ball - very good arrangement for an unpractised hand - Grain of Shot - adjusted to prevent penetrating too deeply - Sometimes operate 5 or 6 times - of course being exceedingly careful not to disorganize the eye - Old lady 84 yrs.

old - operated 4 times without any success until the last time - cured sec to read for 2 or 3 yrs after the operation. Abscess of the neck - opened - poultice for a day or two and then use Basilicon Oint. (Cliniques are very poor)

Lect. 50th In Gon. Ophth. we undertake the treatment with very little hope. I had a case - patient been under the care of a homeopath - disease continued for 0 several days - yet I saved this eye and also the other one, wh. subsequently became affected - therefore I should infer that, in some cases, at least, treatment is of some account. When conjunctiva is folded over and confines matter some recommend insinuating a sharp narrow bistoury under the chemosed border and cutting out. After performing any of these cutting operations on the eye bear in mind that you must never use any of these astringent solutions we have been talking of - have seen most disastrous consequences from this practice. Scrofulous Ophthalmia of children - can almost always be treated successfully - almost always treated badly - worse than no treatment at all - most decidedly. Patient generally covers the eyes with his arm applied to the head - eyelids convulsively closed - photophobia - tears of an acrid quality - not unfrequently excoriate the cheek - phlyctenæ, generally on border of cornea - abdomen distended - bowels irregular - morbid appetite - pale complexion - how in a large majority of the cases wh. have fallen under my observation, the disease has been aggravated by bad

treatment. The patient has been kept on a low diet antiphlo[gistic]
[gistic] treatment &c. How then will you treat this disease?
Simple but generous diet - animal food. Never shut the
patient up in a dark room - dark, on the other hand, expose
him to a bright sun-light. Fresh air. If he ride out
something over the eyes to screen from any intense
light. Light is just as necessary to the health of the human
body as it is for a plant. Bathing in salt and water.
gentle frictions of the skin. Local treatment of far less
importance than constitutional. Red ointment - avoid the
following collyrium. ℞ Cupri Sulphas gr. ij
Morph. Sulph. gr. i
Sulph. acid ℥ i
Aqua dist. ℥ i.
℔ Eye frequently bathed with it
Setons, issues, blisters
very injurious -
Prep. of iron - Syr. Ferri
Iodid - very good. To keep the bowels open - if necessary -
℞ Rhei pulv. gr. iv
Pot. Bi. Hyd. gr. ij
℔ once a week or so -

Granular Conjunctivitis. Sequel of other forms of inflammation - Evert the lid and you'll discover the disease - Sometimes
overlooked - continual irritation is kept up - You see
nothing unless you evert the lid - Scarify them. or if this
doesn't seem necessary touch with a crystal of Sulph. Cupr.
Sometimes surgeons shave them away - Pterygium
- Almost always on the inner canthus - consequence of
subacute inflammation - will often be awaked opposite the
circle of the pupil. wise provision of nature - Operation.
Cut it away with a delicate pr. of scissors. Cut only

half away from its apex to its base. if you cut it all away a cicatrix will form wh. will prevent the patient everting his eye. ("If you cut the conjunctiva away extensively a cicatrix will form and the patient will lose the power of eversion") Guard against this with a good deal of care. I operated in a case - patient went to Washington - a very intelligent physician then seeing a portion of the ptergg. left cut it away. the result above spoken of followed - Ophth. Iaseis. Border of the lid very red and thick - lashes all out. Constitut. remedies. Red oint. sometimes fails - then use White Ppt. of mercury in the ointment instead of the red. - or Calomel. Iritis - 9/10 of cases from syphilis. The iris is extremely vascular very subject to disease - morbid sensibility to light pink circle around border of cornea - vessels straight not tortuous - opaque circle resembling arcus senilis - pupils changed in form. generally smaller than natural. Lymph is deposited as disease advances. still further progress pus floating in the ant. chamber - changes its position when the patient inclines his head to one side. a white circle around an ulcer is not always a bad sign - lymph sometimes deposited around it to prevent it from spreading. Treatment - 3 import. points. Leeches to septum of nose - pulse full and strong bleeding from the arm. Salivate - touch the gums slightly Use Plummer's pill - ℞ Pot. Ch. Hyd - gr. i S.S. of antimony gr. i - or ipc. Sum. Guaiac. gr. iii. M

Dmitt's Surgery is one of the most practical books I have ever seen - resort to it a good deal in my practice. 3ss spirit - use Atropia or ext. Belladonn - Atropia - you are apt to be deceived in it by the apothecaries - not so with the extract. Rx ext. Bellad - ℈ss Unqt. Hydrarg - ℈ij ℔ss / To be rubbed on the lids every night or every other night - to dilate the pupil - thus breaking up adhesions - or preventing them - Colligna - accomplishes no good - have never seen any good from Iodide - Arsenic - have used it with benefit - in cases where employment of mercury was contraindicated - Common Iritis. Treat exactly in the same way - Scrof. Iritis. Mercury - notwithstanding the existence of scrof. habit X after touching the gums in these cases of iritis - syph. scrof. &c. - use Iod. Potass - Lect. 51st Inflammation of the cornea - not so common as conjunctivitis. Path. properties of fibrous tissues. May be rheumatic - syphilitic. or may be independent of either of these two diseases. Frequently arises from conjunctivitis. cornea becomes turbid - effusion between the lamina in the delicate cellular tissue wh. connects them - I have a case - woman 4 mos. ago was stone blind - cornea perfectly opaque - commenced, after a little, to clear up - 6 wks. ago, with a good light, could see the pupil - absorption is now going on - not at all unlikely she will see perfectly well - If the disease depends on rheumatism or syphilis treat constitutionally - Iod. Potass. Colchicum - Wine or ext. x Mercurial Remedies - Mercury is always of great importance in arresting deposit of lymph -

Scrofulous ophthl. not unfrequently involves the cornea - Local remedies &c. Pannus. Conjunct. and cornea both involved - Not unfrequently ulceration results - procident. iridis - disorganization. You can't dissect away as you do in pterygium - You see a number of small vessels of conspicuous size who furnish the diseased spot with red blood. You must interrupt this supply of red blood by dividing these vessels. Conical Cornea. Can do nothing for it - Is not always the result of inflammat - may arise from modified nutrition in the cornea - Cataract - Opacity of the Lens - Capsular - Lenticular - Capsular almost always involves the lens - opacity close to the border of the iris - Lenticular - Much more common - more deeply seated - more difficult of diagnosis - not unfrequently the capsule escapes - A patient with a commencing cataract ceases to see well - seems as tho he were looking thro' a smoky atmosphere - always sees best the first before Sunrise and after Sunset - the pupil is more dilated at these times than at any other - is not forced to contract by any strong light - Belladon. or Atropia dilates the pupil - great improvement in vision. Some years ago an empiric came to this city - and by means of the belladonna swindled, in the course of 2 or 3 wks, the most helpless portion of the community - the blind - out of 3 or 4 000 dollars - he was going to cure everybody. The clergy - who are more easily humbugged by quacks than other class - loaned him their lecture rooms - He always commenced with prayers - being a very religious person -

There is always a portion of the community who have the bump of credulity largely developed. How it is of no use in the world to attempt to reason with them — the more earnest you are the more interested they think you — let them alone and allow them to get as much of it as possible. The first quack who comes along catches them — if they find out — as in the case of the belladonna quack — that they have been deceived they vow they shall never be caught again. Yet the very next empiric — who of course sets his trap with a different bait — we find them poking their nose into it to a certainty. Even a rat will not be caught a second time by the same trap. The larger the cataract the more complete the interruption to vision. Congenital. Body of lens absorbed away to more or less extent — almost always there is a certain degree of vision. Tough cataract. Cataract always requires an operation — Some rare instances as when caused by inflammation has been known to suddenly disappear — Case recorded of a disguised intermittent cataract — every other day. 3 operations. One we displace it from the axis of vision or couching — another we extract — 3rd By breaking up the lens and leaving it to be absorbed. When the cornea is full and healthy and the cataract hard extraction is the best operation — Arcus Senilis is almost always associated with fatty degeneration of the heart. By absorption — We break the cataract up by the needle Sometimes no change takes place for some time when all of a sudden absorption takes place —

and fragments quickly disappear - Sometimes 6 mo. In couching we are supposed to operate on a hard cataract often when we think we have to deal with a soft cataract on operating and introducing the needle we find it too hard to attempt to break up - if we did attempt would disorganize the eye - we then resort to couching - no matter if the upper border of the lens is visible after slipping it down - better than to thrust it down too deeply Sometimes the lens will rise it again - tilt it back a little and then flop down - Inflam. of Choroid coat. Very vascular - composed of blood vessels and pigment matter - Sometimes there occurs a sort of apoplexy in these vessels - they become unusually large and press upon the optic nerve - causing amaurosis - Mentioned a case - Woman in course of violent labor suddenly became stone blind - pupils largely dilated - no morbid sensibility to light - remained blind for 2 months - I saw her - kept her cool - venesection - mercury - recovered - another case - whether they would have recovered without remedies can't say - In Sclerotic Staphyloma the choroid is principal seat of the disease - Inflam. of Sclerotica - almost always associated with inflam. of the iris. Glaucoma pupil dilated - greenish appearance - cornea slightly turbid - Iris pressed forwards in a manner against the cornea - Often mistaken for cataract - sometimes associated with cataract. Operation of incising the cornea and drawing out a portion of the iris and cutting it away

Dr. perfectly absurd. Might as well expect to make a person see by cutting his toe-nails. In my opinion it never succeeds except where there exists nothing but hypertrophy of vitreous humor. In all cases of glaucoma the lens is also more or less hypertrophied. Clinique. Cancers in the folds of the prepuce more likely to be followed by bubo than one in any other situation - owing to the greater number of absorbent vessels and great vascularity. Sprinkle this phagadenic chancre with calomel - bubo also - use Plummer's pill - one morning, noon & night - Syph. Initis. Mercury by far best antiplastic agent. accumulation of pus in the anterior chamber - not floating. In scrofulous iritis it is recommended by the best authorities to use mercury - with caution, however. Caries bears the same relation to bone that an ulcer does to the soft parts. Hard calcareous generally smaller - more condensed than the soft variety. Caries - Periostitis resulted from a kick - bone was exfoliated. inserted a director - opened - Sponge tent - Muriatic acid to form soluble salt - living tissue will resist its action. I very rarely resort to chiseling the bone - You can't tell how much to take away - Bone has a great deal of vitality. Tonsillitis - Came into the house with a bubo. Can't gargle - too much attendant pain - Mop - Argent. Nit - gr. ij - ℥i - Perp. of iron - Here is the man, on whom I operated for stricture of the urethra. Have kept (see last report) large size (No. 8) catheter bougie in, after first day - continually. Now take it out and 2 or 3 times a day insert a bougie

in and let it remain a little while - fear, if we keep the tongue in the mouth too long inflammation will take place - cicatrix forms. Cataract - One of the disastrous results of using the needle too frequently is that you may break up the hyaloid membrane - We will now, having a few moments left consider **Diseases of the Eye.**

Inflam. of the retina - Acute. Chronic. Acute. I've seen but one case. Most intense photophobia imaginable - after a little sensibility to light is lost - amaurosis. Scarcely ever otherwise. Deplete freely - until the circulation is greatly subdued - external applicat. no account - of course can't reach the retina - Use of atropia important - to subdue the morbid sensibility to light. Mercury - Prot. Ch. Hyd. grs. iij of Opii pulv. gr. j - in every 3 hours - until the gums are touched - almost always ends in amaurosis. Chronic - not at all uncommon - patient can't endure a bright light - dark spots - scintillations. Masturbation - excessive venery - sometimes produce - Avoid reading - writing - all strong lights - Generous but simple diet - counter-irritants sometimes useful - If results from scrofula - or masturbation &c - tonic treatment -

Lect. 52nd - Operation for Capsular Cataract - If inflammat. and pain come on after the operation use W. S. of Opium - In operating I always push the upper lid with my thumb - an assistant holding down the lower one - I shall use belladonna after operating, in this case

Amaurosis - Gutta serena is applied to one of its forms - optic nerve affected - May result from retinitis - Sometimes the eye becomes even more brilliant than natural - when it results from acute retinitis (wh. by the way is one of the most intractable of all the diseases of the eye) it comes on suddenly. A tumor may be situated in the posterior part of the orbit and press out the eye - It is singular how long the eye will sometimes continue its office under these circumstances - even when the protrusion is very great - at last however vision is lost. The optic nerve is harder and has more power of resistance than other nerves - Wound of the supra-orbital branch of 5th pr. will sometimes bring about amaurosis - transfer of morbid impression to lenticular ganglion / The sound eye - from the intimate nervous sympathy - very apt to become affected with amaurosis when one eye is diseased. Sometimes a vascular congestion of those portions of the brain from wh. the optic nerves arise causes amaurosis - In a large majority of instances amaurosis is an incurable disease. Common for amaurosis to result in cataract - Often a surgeon will see a case of amaurosis - pronounce it such - some months after, cataract coming on in the mean time, another surgeon will pronounce it cataract - the first surgeon liable to unjust censure - Diagnosis of Amaurosis from cataract - In amaurosis patient can see nothing - candle before his eyes sees nothing - Open the eye suddenly - having the other eye shut - before a bright light pupil ~~fixed~~ remains fixed

In cataract patient will see just before sunrise after sunset (see "Cataract") - use of belladonna - Treatment Amaurosis from inflammation - leeches - counter-irritants - blisters behind the ears - Mercury - If amaurosis be owing to partially divided supra-orbital nerves, then divide the latter entirely. Tumor in post. part of the orbit - Can do nothing - sometimes, when we can get at the tumor we remove it - Owing to vascular congestion of brain - head cool - Venesection - cups on back of the neck - drastic cathartics to excite vomiting - Jamboja - Co. yt colocynth. In amaurosis good - perhaps 1 case out of 20 - sometimes results from Veratria - books recommend Veratria gr. + - ℥j lard - I use gr + - ℥iij lard - rub the skin over the orbit with a coarse towel and then apply the ointment - in a few days patient becomes less sensible to it influence then rub harder with the towel and apply more ointment - Generally does no good - ought to be tried, however.

Diseases of the EAR.

Meatus - lined by a mucous membrane - an inch and a quarter in length - Presence of quantity of "way" in the ear - ceruminous glands furnish an unusual amount - sometimes accumulates until complete deafness is the result. You can discover by a good light and ear speculum or introduce a probe - will not penetrate to the full depth of the meatus - if you touch the mem. tympani the patient will shrink - being sensitive - Never attempt to remove this collection of ceruminous matter by

any "dissing" instruments - do a vast amount of damage to the structure of the ear. Take a small bowl, about half full of tepid water - Squirt in a small syringe full and wait for it to run back again into the bowl - then repeat - perhaps you will have to do this 50 times - absolute certainty, if you will only persevere, of bringing away the accumulation. Sometimes I use a little carb. potash in order to soften it - or the day before drop in the ear a little oil - Soap makes a froth wh. renders it difficult to inspect the ear. The water insinuates itself between the membran. tympani and the wax - by the elasticity of the former the wax is inclined to be pushed out. Bear in mind, however, that in almost all these cases there is some other disease of the ear.

Lect. 53rd I find I have overlooked some of the diseases of Eye. Strabismus - When slight shut up the well eye for several days - (adhesive plaster) this will compel the diseased eye to be used and exercised. The operation for Strabismus is very easy of accomplishment. Speculum to expand the lids. Pinch up the conjunctiva with a delicate pair of forceps - divide by a narrow knife - blunt hook - scissors - cut the tendon closely and smoothly on surface of the ball - After operating if the eye doesn't look much better search for any undivided portion - cell. tissue sometimes prevents natural appearance - and divide it. I remember a case where I searched for 3 or 4 times and at last found an undivided band - (dividing each time) Sometimes in dragging out the tendon very much the eye assumes a conical form - guard against dividing the sclerotica -

and consequent loss of the humour - operations of it -
In some operations I have been rather disappointed for the first few days - then the eye would begin to look all right - Preternatural version - Ext. Strabismus - sometimes results from this operation - worse deformity than before - Mentioned a case (young lady) (only one in my practice) - after a few days found great degree of deformity - worse than that for wh the operation had been performed - Sometimes a great degree of protrusion of the ball of the eye results from the operation - Suppose the eye turns out? Some recommend then the division of Ext. muscle - but then all motion is lost and the eye protrudes -
External Strabismus. The operation for by no means so successful - We operated in 3 or 4 cases - no satisfactory results -
Myopia - Watch makers and others subject + (others, who examine minute objects - Presbyopia - Sight in a remarkable degree after operation for cataract - patient must wear very convex glasses.
Epiphora - Fistula ~~Lachrymal~~ Lachrymalis - Here is the little gold tube wh I employ - bevelled off obliquely at both ends - puncture the sac with a lancet - pus and tears will sometimes gush out in large quantity - then insert an ordinary probe - give it the same direction you gave yr lancet - directly backwards - until it is arrested - elevate - apply it to the brow - and give it a downward and a little backward direction - the probe resting against the brow - you meet with a resistance in the nasal duct - insert a probe - then a larger one (scarcely ever found it necessary to divide the walls with a bistoury) - Now put a small probe into the

nasal duct - glide the tube along it - If prove accomplished its object in the patient - shutting his eye and blowing the nose blood and tears will find their way down. Know a lady on whom I operated 25 yrs. ago - the tube in then yet - I must acknowledge in 3 or 4 cases I have been obliged to remove the tube - owing to the great degree of irritation. There is another form of tube. The head of the style is left out. When the duct is so obliterated that it would not guide the tube of course we don't introduce it -

Clinique. Paraphymosis - Seize the glans between the thumb and finger and press the blood back - reduced in this way - sometimes we use ice water before attempting - much pain chloroform.

Mammary abscess - frequently occurs - often badly healed because of the neglect of a simple expedient - application of a bandage - should leave the openings exposed. Mam. abscess occurs to women after confinement. In a few days if breast - if there is any trouble - be drawn thoroughly - gentle frictions - trouble generally pass away - sometimes these hard knots in the breast suppurate - abscess forms - sinuses - Dependent position of the breast principal difficulty in treating - bandage therefore exceedingly important - leave the openings exposed cover them by a crate cloth - The bandage will besides supporting the breast will also force pus out of the openings - Don't mean to say that the bandage is always the only thing necessary - may become expedient to open the sinuses - In lancing the breast - remember the course of the lactiferous tubes - They converge to the nipple - cut directly outwards - If you apply the bandage

properly and open the sinuses seldom have any trouble.

Lect. 54th. Probe for removing obstructions of nasal duct. also syringe. To be inserted into upper punct. lach. Now a probe to be thus inserted must be too small to remove any obstruction of the nasal duct - wh. is very large when compared to the canaliculi. Have (formerly) used both the probe and syringe a great many times - Does just as well to squeeze the sac and then throw the solution into the eye - the puncta will soon absorb it - We now Return to dis. of the EAR

This bulbous extremity has been added by some stupid person to the ear syringe - they all have it. Perfectly absurd. It plugs up the external ear - we want the fluid to regurgitate - for can't see what for are doing - and besides the water is apt from the pressure of this extended thing to fly in the surgeon's face. In removing commimus matter in the way we have spoken of, we sometimes tear out a membrane wh. invests the whole internal structure of the ear. I often inject gr. v acet. of lead ℥i water into the ear - twice a week. When the ear is very dry indeed - owing to the cerum. glands not secreting - use cod liver oil - the best - don't know of anything better - never use Glycerine - it will concrete - attract particles of dust &c from the air and forms incrustation Sweet oil also improper - Rose Grease very good - anything that doesn't concrete.

Foreign substances in the ear - Plugging the ear with cotton very improper - might as well plug up the urethra or rectum - makes the ear very hot - air plugged up becomes changed and irritates - change of air is conducive to the health of the ear. When a person comes to my office and has an operation performed on the ear (when I think cold air will be injurious) I lay something over the ear or tie the head up with a handkerchief - never plug it up with cotton &c. Here is a speculum as good as any other - 2 blades which expand a cone - The advantage of this speculum (merely a tube) is that you needn't hold it in the ear - merely apply it and it remains of itself. Mem. tympani - sometimes perforated - when it is so entirely affects the hearing - membranes of foram. ovale and rotund. then carry on the office of the drum of the ear. In scarlet fever the inflam. of the fauces travels along the eustach. tube - affects Mem. tympani - loss of ossicula - destroys the membranes of foram. ovale and rotund. - complete loss of hearing - You can do nothing for deafness resulting from scarlet fever. In order to tell whether the eustach. tube be impervious or not tell the patient to hold his nose and to blow - if it be open he will feel the air enter the cavity of the tympanum - Sometimes the mem. tympani presents a macerated or sodden appearance - Let me caution you against too much syringing of the ear -

The cavity of the tympanum sometimes becomes filled with concrete substances - little good from syringing the eustachian tube - No use whatever - Throwing air into the cavity of the tympanum - believe it is entirely abandoned - useless - There is no department of Surgery in wh. you will acquire less reputation than in dis. of the ear - very little, indeed, under the control of treatment - Foreign Substances - Insects - Pour oil into the ear - kills them in a second - then use syringe - Unless it is a large substance firmly impacted you can generally get out by syringing - 9 cases out of 10 - Sometimes surgeon sees the substance - thinks he can seize it with the forceps - (sometimes does get it out in this way) - attempts to do so - pushes it further back - blood pours out - obstructs his view - lost out of sight - be extremely careful, therefore - I sometimes bend a probe and insinuate it behind - then with a sudden pull throw it out - Loss of hearing by defect of sensibility of Auditory N. - No form of disease less under the influence of treatment - Sometimes, as in amaurosis, make use of Veratria to arouse the sensibility of the nerve - Behind the ear - Electricity may for a little time appear to do good but in the end does harm -

Lect. 55 Lithiasis - Materials from wh. they are formed exist in the urine and blood - Lithic acid variety - Most common - Sometimes pure lithic acid - Lithate of Ammonia - Subject to action of blow-pipe entirely disappears - disgusting odor - converted into gases

Oxalate of lime - Mulberry calculus - Rough on its surface - I never
extracted 2 at the same time from the bladder - Blow pipe - reduces
to a fine powder - lime - Doesn't exist in the proportion of 1 to 8 of
Lith. acid. Cystic Oxide. Very uncommon - looks something like
Spermaceti. Greasy feel - Not near so hard as the ox. of lime -
- Disappears under the blow pipe with an exceedingly offensive
odor. I am not aware that in 200 cases where I've operated I have
met with more than this one. Xanthic Oxide - have
never seen. Phosphate of lime and magnesia. Phos. lime and
ammonia - Triple phosphate (lime - mag. & ammonia)
These
- Mulb calculi great deal softer than the former almost
always formed in the bladder - when the mucous memb. is
the subject of inflammation. They also incrust any foreign
substance in the bladder. Sometimes these diff. calculi
will be deposited in concent. layers. Bladder inflamed
for instance phosphates - Inflammat. perhaps being
subdued by treatment Lith acid will be deposited -
Lith. acid - Uthemic condition bladder more or less
irritable - no deposit from urine - children and young
persons most subject to. In Oxalic acid diath -
remember there is excessive irritability of the bladder -
- urine natural in appearance - dry it - microscope
- dumb bell crystals - Great perturbation of Nerv. Syst.
Symptoms - Nephralgia - passage of calculus along the ureter -
- retraction of the testicles - Sometimes irritability of bladder -
Then pains - with some intermission continue until it passes
into the bladder. The smallest calculi - perhaps not larger

than the head of a pin will occasion the most excruciating pain. I made an examination some time ago, in a case, and found the kidney (the whole of it) converted into a vast calculus. Mentioned a case - man - Nephralgia - relief from time to time - found hard tumor - concluded it must be a calculus from its extreme hardness - at length it disappeared - could feel nothing - explored the rectum and felt the tumor near the prostrate gland - could'nt remove it. died - Nothing in the bladder. Behind the bladder there was a small opening leading into a cavity in wh. the calculus was situated. Most extraordinary affair how it could get there. Must have been formed in the pelvis of the kidney - entered the ureter - distending it greatly - ulcerated thro' the urethra. Never rely on anything but a thorough examination by the steel sound. A patient with stone often passes the night with sleep. But on getting up the stone falls forward - great pain - sudden stoppage of urine - owing to the calculus plugging up the orifice - Prolapsus of the rectum common in children - from the great straining they make in passing their water.

I once used the sound 3 different times before I cd. strike the stone. Sometimes the calculus becomes encysted - then very difficult to discover by the sound. Columnar bladder - muscular fibres undergo hypertrophy. and the mucous membrane sinks in between these fasciculi - calculus caught in these little cells.

Clinique - Stricture (old case - from caust. potash) - Can now pass a large instrument - I never use caust. potash for stricture - obstinate cicatrix follows - Nitr. Silver sometimes does good - not by eating away any part of the stricture (for it is not a true caustic) but by supplanting the chronic inflammation - more healthy action substituted - absorption - Sipph. Jvi. To expand the pupil Ry String Mec. Unit. Zii Tct. Bkadon. Zi To daub the lids every night - There is no better amputation than the circular - makes a very good stump -

Bone felon - Nothing peculiar in the inflammation - the disastrous result entirely from the anatomical character of the part - Pus is deposited under the string tissues wh. wrap the tendons - is confined in contact with the periosteum until it causes the latter to ulcerate -

Necrosis - Almost invariably mistaken in its incipiency for articular rheumatism - most apt to affect the hollow bones - When the periosteum is destroyed the bone is very apt to die - the int. med. membr. may preserve its vitality however - Necrosis very rarely affects a joint - occurs most frequently in young persons and in the shaft - the epiphysis is nourished separately from the epiphysitis - Necrosis is characterized in its incipiency by agonizing pain - (often pain in the neighboring joint - this will divert the attention of the surgeon - apt to conclude it is rheumatism - the pain is not aggravated on moving the joint.) - Great amount of constitutional disturbance - in England Nec. is styled "fever sore" - Very hard swelling -

Necrosis of the tibia most common variety - not uncommon in the clavicle. Treatment - In its very incipiency for can sometimes treat successfully by leeches - gently applied bandage - W. S. of opium - Generally more active means - cut boldly down on the bone - divide the periosteum. Often instant relief - But perhaps there is trouble in the cancellated structure of the bone - Proof - perforation of the bone undoubtedly the means then to be followed - There is a form of chronic periostitis - often great pain when the patient is warm in bed. Iod. potash. Anodynes to the part.

Lect. 56th. In the use of the sound you don't always strike the stone at once - Sometimes when there is any difficulty - Place the patient on his back and raise the hips very much - so that the stone will roll back - Sometimes there is a sort of cement wh. causes the calculus to adhere to the walls of the bladder - have seen this cement on the stone in a great many instances - The columnar bladder (See Cast Lecture) occurs in stricture or dis. of the prostate gland - where the bladder is making continual and powerful efforts to void its contents - the fibres become hypertrophied - Stone is most likely to be in the bas fond. of the bladder - Sometimes just behind the prostate gland - then push the instrument down and will strike it - If a stone remain in the bladder it causes ulceration - peritonitis - death - Owing to the great suffering the patient is nearly always willing to submit to the operation - anxious for it - Sometimes on inserting yr. two

fingers into the rectum you can feel the stone distinctly
- on pushing it forwards you make a tumor in the perineum
The operation by the app. minor consists in cutting this tumor
out. The operation by the app. major is very absund - unsuccessful.
depends on the dogma that a wounded membrane never heals
- cut down on the bull of the urethra - dilator - Lateral -
operation now practised. Point midway between anus and tub. of
ischium - cut obliquely outward and downward - to avoid Int.
pudic artery - and rectum - Sittabome - silver staff - Spiral
forme - before adjusting the cutt. director always introduce the
finger into the rectum - to see whether there is any fold - or if
very full - The opening into the bladder not to be larger than
necessary. The facility with which you extract the stone depends
a great deal on the way in which you happen to seize the
stone - Never proceed to drag it out by main force - practise
pretty much the same as with the Midwifery forceps.
avoid twisting the instrument in itself - use the forceps as
a lever - A surgeon once boasted that he had removed
an entire stone weighing ½ x ½" — but the patient died!
You can also chop open the forceps by a boad ax and
then remove the calculus - The patient will also die -
Now these large stones (fortunately large stones are
generally easily broken) should always be crushed - here
are a pair of forceps for that purpose - saw ridge in the
middle of one of the blades. After crushing and removing
as many of the fragments as possible syringe out the
bladder - the bladder will itself however generally get
rid of the remains - mentioned a case - accidentally
left portion of stone - few days was voided with the
urine

Clinique - Operation for Strabismus (convergent) Forceps - Scissors - Tenaculum - Speculum - four instruments necessary. After the operation tie up the sound eye - in order that the other may be exercised. Encysted tumor on bone near the nose - punctured by a cancet - glairy liquid - oily consistence gushed out. You see the tumor has disappeared - some wd. be satisfied with that - in order to prevent the recurrence we must destroy the sac - either by peeling it out - (to be always prepared - in some cases not feasible) or destroying with caust. potash - be careful you don't leave any of the caustic in the sac. Use the potash in cases where you can't peel the sac out. There is a kind of tumor (encysted "worm") of the head - of all tumors most easily removed. Sometimes 9 or 13 in one patient - very loosely attached by cell. tiss. puncture by a cancet. peel off the margins - remove the cyst - easily accomplished - Canula - one method is by cutting out a portion of the sac - Seton - another way - In a recent case where I had cut out a portion of the sac the disease returned twice - used caustic potash - most effectual - don't like to resort to it unless absolutely necessary. Case - Had been pronounced hip disease - boy 7 yrs. old - looking badly - limping - fist. opening little above the middle of thigh - probe ran in about 2½ inches. began with hard swelling - great pain - how the surgeon had recommended the treat. for hip disease - recumbent posture &c. The disease is necrosis of the thigh bone. Perfect movement of the hip joint - now if it were hip disease and it had progressed

to suppuration in the capsule and discharge of pus outside the joint would be perfectly rigid - remember this - In this case I can make the knee strike the chin - hip joint all right. Now the treatment is exactly the reverse of that for hip disease - Gentle exercise, to promote the separation of the sequestrum. Venereal Warts - Bi. C. Hyd. grs. x - ℥j - touch each one with camel's hair. In hip disease in children we don't use the caust. issue but blisters. The caust. iss. does good rather by the intense constitutional irritation than by the discharge. In children recumb. post. - plain but nutritious diet - Great suffering sometimes Ant. Splint - giving great obliquity to the cord -

Lect. 57th. High Operation. When stone is of very large size - too large for the straits of the pelvis. Great objection to, is the liability of overflowing of the urine - effusion into cavity of abdomen - notwithstanding the use of an instrument - Can't be compared to the Lateral operation Low operation. Insert fr. fingers into the rectum and feel the stone behind prost. gland - great objection - liability - of recto-vesical fistula - an insuperable obstacle, in my opinion, to the performance of the operation - "Concealed knife" - cuts from within outwards - obliquely outwards and downward - liable to catch folds of the bladder. Bi-lateral - 2 blades - cutting obliquely downwards to divide both shoulders of the prost. gland. X After operating we insert a tube - for 2 objects. 1. To carry off the urine - prevent infiltration into cell. tissue wh. would be followed by sloughing - 2 - To guard against hemorrhage - after inserting the tube

You can pack lint as tightly as you please - In nearly all the cases wh. resulted fatally there was great hemorrhage - pyemia

X (in my practice)

Lithotripsy. We crush the stone - remains discharged by the urine. Any solvent wh. will dissolve the stone will be active enough to act on the bladder itself. When the instrument is introduced the bladder is irritated and throws the stone into the instrument - much easier to crush it than one would think. Heurteloup's instrument - bet. one form - by a wheel - other the blade slides - use the wheel - Always try the temper on some hard substance before using the instrument - should be a spring temper - bend rather than break - Sometimes necessary to use a hammer (not a heavy one - but a light affair) - Pr. of strong heavy forceps to hold the instrument - Here is an instrument - spoon shaped blades - to remove the remain of a calculus - pinches the debris less - Lithotrispsy - when we ascertain the stone is small - not of oxalate of lime - bladder in a sound condition - Sometimes when we leave a small fragment of the calculus behind it becomes a nucleus for the formation of another - On introducing yr instrument you find that the stone is a larger one than you expected - great pain - remove it at once and Litholomy to be performed. In large majority of instances litholomy the eligible operation. In female incision apt to injure the muscular fibres

so that the retentive power over the urine is lost.

Lect. 58th. TUMORS. Encysted. Saccomations. Homologous tumors are those whose contents do not exhibit any remarkable departure from natural nutrition - non-malignant - Heterogeneous - Contents totally different from anything existing in the body - nutrition greatly modified - Encysted tumors. Sacs containing unorganized contents - fluid - atheroma products (like lead and milk poultice - steatoma. contents &c. The sac is organized - character of the contents depends very much on the locality - The little tumors called worms result from an infolding of the skin - in many instances - how otherwise can we explain the presence of hair in them - I once excised one on the verge of the anus - had hair in it. When they form in the mouth owing to dilatation of a muc. duct. colloid cancer - encysted - is malignant. We spoke of ranula in our last clinic - excision of sac - often will rapidly with caust. potash - Little tumors on the face - one point of attachment to the skin - cut away carefully - to avoid too large a cicatrix - Tumor of the neck - Hydrocele of the neck. become tense when any effort is made - fluctuat. no hardness. With little care readily distinguish from an aneurism (drag aside from the artery - if the tumor apparently pulsates - and you'll distinguish at once) dissecting out the cyst exceedingly difficult - generally not expedient. Rip them open - insert a tent quite to the bottom - to excite inflammation - as in h. of scrotum. Tumors on tendons - commonly called "ganglions" - back of hand

- developed in the sheath - generally about size of thumb.
- Sometimes as large as an egg - sometimes fully as hard as bone itself - have treated many cases in wh. they were regarded as bony tumors. Contents look like thick honey - gelatin - beautifully transparent and brilliant - but there open - all we can do with regard to the sac is to cut away any loose portion - make a section of it, in front, on one side - and the same on the other - Squeeze out the contents thoroughly - generally accomplish a cure - A more simple plan is to give it a smart quick blow with a book - rupture the sac and the contents effused into the surrounding cell. tissue (bend the patient's wrist first - in order to make the tumor tense) I have never heard of but one case where any thing disast. resulted - patient was of a scrofulous diathesis - very unpleasant results. - will generally fill up again and requires to be repeated - 2 or 3 times. Always apply a compress and bandage - My advice wd. be to try this first - if very unsuccessful the first plan - by the Caret - must certain - but the plan by the book will frequently succeed.

Encysted tumor of ovary. Corresponds to hydrocele of the cord in the male - no anasarca as in ascites - no disease of the liver - heart - no clearness on percussion - In ascites the intestines float in the fluid - give clearer sound of dropsy. - Mentioned a case - sac was ruptured by a fall - perfect recovery - another case of rupture - recurred however - Ovariotomy - Dr Allee most successful and skilful

operator in America - has operated 150 times. 1/3 fatal
Perhaps all the women who have been operated upon 1/2 have died - When the cases are well selected, in my opinion the operation is justifiable - formerly thought it was not - Dr Allee's success has changed my opinion - Another operation - Stike the trocar into the cyst and allow the cannula to remain for several days - the cannula should be thick and large - intend trying this in my next case - Sarcomatous Tumors. Most simple is merely hypertrophy - Bronchocele - Enlargement of Thyroid gland in old persons. Don't often cut them out - pressure often reduces wonderfully - Iod. Potass. best sorbifacient stimulating embrocat. Camph. Mene ointment - Adipose Tumors - Come next to hypertrophy in simplicity - very common on scapula - neck - back -

Lect. - Clinique - Removal of 4 encyst. tumors from the head. Fist. in ans. amp. of finger - Rarely have occasion to tie the artery. Case of Epispadias.

Lect. 5th. Operations on the dead subject - by Dr Alan Smith - Deligation of Common Carotid - Important, as in all surgical operations, to make yr. first incision large enough - In this case about 2 1/2 inches in length. Close the wound by sutures fine - better than silk ligatures - Generally remove them in about 24 hours - Pulsation of the artery very good guide - Int. Carotid - Ext. Carotid - Same incision for both - former very rarely tied - In tying the common carotid - You commence yr. incision a little below angle of Jaw - in Ext. carotid begin at the angle -

Lect. 60th Obliteration Common Carotid below the Omo-hyoid.
Art. Innom. Been performed several times - with exception of but one case always unsuccessfully - death either from sec. hem. - inflam. of pleura - or lungs. The successful operation (I have been trying to find the record but I remember it distinctly) was performed by a U.S. surgeon in New Orleans. patient must certainly recovered. In this case 67 days elapsed before sec hem. took place.
Clinique. Means papules on verge of anus - Result either from syph. or gonorrhea. often mistaken for piles.
℞ Bi Ch. Hyd. ℈j - ℈ss. Disp hair pencil in - shake off the drops wh. hands and touch - carefully, 2 or 3 times a day - fold of linen between the nates - not only acts as an escharotic but also supplants the diseased action.
This patient has also a chancre producing phymosis - in all probability will disappear - sometimes have to resort to the knife, however. Give him Plummer's pill - Syringe under the prepuce well - Syph. Eruption - Indurated chancre - Merc. treat. Hard chancre certain to be followed by constitutional symptoms - Wash - Bi Chl. Hyd. gr. j ℥j. I have scarcely ever seen a patient salivated deeply by Plummer's pill. Very much question whether a person ever gets rid of every trace of syphilis - Varicose Ulcers. Dangerous to tamper with diseased veins. Dissecting. Had a case - took out about 3/4 inch - phlebitis - death. A safer way is to pass a silver needle under the vein and use twisted suture - have performed several times -

never any disastrous results. Gum elastic stocking even loosely
elasticity. Bandaging simply best expedient.
Syphilis. Chancre - Bi. c. Hyd. gr i - ʒi (have never derived benefit
from sprinkling with Calomel). Plumme's pills - recumbent
posture - cleanliness - wrapped with a rag wet with W. S. - spinn
- simple but nourishing diet - keep penis elevated on the
belly - that the blood may gravitate from it.
Lect. 61st. Obligation of Subclavian - Aphillary.
Lect. 62nd " of Brachial - Radial - Ulnar - Mentioned a
case. Wound of ulnar. if the brachial had been tied - collat.
circul. very likely secondary hem. Tied ulnar at point
of division - above and below - Harvey.
Clinique. Alveolar abscess. First molar tooth was extracted 2
wks. ago. The root sometimes extends up into the antrum - on extracting
leaves the cavity open. Sometimes when there is an abscess in the
antrum we open it by puncturing the alv. pro - good
thing to do this with a ~~knife~~ sharp pointed pr. of scissors.
closed - nothing better. Sometimes insert a gold tube into the
cavity of the alv. pro. - can syringe the antrum thro' that.
- commence with water first - then Carbo Sulphs gr. j - ʒi
Dentists sometimes do in plugging a dead tooth - loosing to
save it - frequently caused abscess in the antrum.
Here is a case of ectropium - operated on last summer - I have
lost all faith in these plastic operations for ectropium. In
this case matters are worse than before the operation - the
cicatrix will contract in spite of all you can do -

See next page.

We will now relate to Tumors. I operated the other day on a boy for encysted tumor of the abdomen - the only case I have ever seen - can tell with absolute certainty when it was developed - Peritoneum 2 - Omentum 2 - ——
Fibrous tumor of female breast. Likely to be confounded with cancer - Cancer generally in women past 40 yrs. of age - fib. tumor often in young women. Small, hard - loose - not adherent to the skin - no retraction of the nipple - has not a knotty feel - When you cut them there is no creaking - Cut the envelope freely open - press and peel out with great facility - cut entirely thro' the envelope - timid practt. not apt to do this - has them trouble with them -
Malignant Tumors. Epithelioma or Cancer of the skin - Scirrhus - Carcinoma - Medullary Tumor or Fung. Hem. Osteo - sarcoma - Colloid - Ac. Colloid - Some like encysted - in ovary - Epithelioma - Skin cancer - Generally on the face - Sometimes on verge of the anus - or vulva - When on face - little brown spot - itching - rubs off a little scale - presents appearance of a small tetter - Sometimes never assumes a more serious aspect - Generally - scales come off from time to time - ulcer - Suppuration - Cancer - begins, you see, with a thickened condition of epithelium - In my opinion this is nothing but carcinoma - differing from other cancers because of the peculiar structure of the part - just as osteo - sarcoma does - Epithel. very common on the lip - from smoking pipe - cigar - Case - Economical gentleman - vain the habit of tucking quid of tobacco inside of the cheek - hardness - cancer - death -

Much more frequently a local disease than any other form of cancer - being often the result of local causes often cured - Caustic potash or the knife - if superficial the first best. Wait until you see the caustic act well then stop its action by a sponge dipt in vinegar - If you employ the knife be sure you remove every portion of the cancer - A mole - from having less vitality than the skin - apt to become seat of Cancer on the face - Scirrhus first stage of carcinoma - all tissues subject to - occurs most frequently, however, in female breast - in women about or over 45 yrs. of age - sometimes, tho' not often - earlier - Apt to occur in women who have had Mammary abscess - hard knot, usually near the nipple - dirt shade about like fibrous tumor - adheres to the skin - retracts the nipple - Often a straw colored fluid issues from the nipple - skin corrugated - lancinating pain - all present, there is very little doubt as to the character of the disease - Irritable Tumor (of Sir A. Cooper) of Female breast - Small, irregular tumor - very tender to the touch - Symptoms always aggravated during menstruation - usually attended with constitutional derangement - to be carefully distinguished from Scirrhus - X Scirrhus goes on to develop itself - Bloody serum - edges everted - morbid granulations - "rose cancer" - slough off - another produced - Complexion yellow - anemic - cachectic - "Cancer cells" - Not to be taken as proof positive - I have found these expert in the use of the microscope first & often wrong as right in regard to cancer cells -

Lect. 63rd. Obligation of Femoral - Ant. tibial -
Wounded arteries - always cut down on the artery at the wound - never tie high up as in aneurism - in the last case the small branches have been enlarged - owing to the impediment existing for some time - not so in a wound. If you tie high up, as in aneurism, almost certain to have mortification - recurrent hemorrhage - limb dies before collateral circulation is established. Tie a wounded artery both above & below - Leg frequently dies after tying the femoral - not so after tying the Radial - owing to numerous branches.
Lect. 64th Prof. N. R. Smith - Here is a man with a large tumor on the inner and anterior part of the thigh - I thought at first it was an exostosis - on making a more thorough examination, however, I find it is movable - very hard - malignant character - Coxalgia. Rarely over 20 yrs. of age does it occur. No malady about wh. so many mistakes occur - I suppose 5 cases out of every 6 wh. have fallen under my observation had been pronounced Rheumatism - Based on a strumous diathesis. Children are often greatly injured by prolonged Lactation - Should always be Weaned when about 1 yr. old - the time rather dictated by the teeth, that they should have a different aliment - Coxalgia also produced by housing children too much - ill-ventilated apartments - Bear in mind that acute Rheumatism is very rare among children - about between 2 and 10 yrs. of age - If the child limps in

walting more likely to be coxalgia than rheumatism.
In the first stage, the child limps - very like pronounced rheumatism - goes on for several wks - 2 or 3 mos. very lame - rests flat - knee forward - If you attempt to flex child cries out immediately. On making traction no pain. (Coxalgia is a chronic and specific inflammat. of the cartilages of the hip joint - same disease as white swelling of the knee -) appetite impaired - limb elongated - toes turn out - had 2 cases where dislocation had been supposed to exist - The disease goes on until the cartilage is destroyed - cartilage may totally disappear without suppuration - at length the bone is exposed - bone being vascular suppuration results - pus into the cavity of the joint - sudden cessation of pain - pus escaping from the capsule and finding its way to the surface - tension relieved - In the third stage ~~the~~ bone is absorbed away - limb is shortened - Spontaneous dislocation. Let me tell you that coxalgia is not unfrequently fatal - Remember when called to a child who limps it is a great deal better to predict something serious than make light of it - much better to make this sort of mistake than the other - Don't let the pain the knee divert your attention from the hip - Put the child in the sitting posture you can bend the sound limb so that the knee will touch the chin - other limb, you can't - pain. Treatment. In its inipiency the object is to modify the condition of the blood - Purgatives (don't believe in alterative doses of mercury) - pwd. of Rheum - Calomel - & ammoniacal

You may give this once in 5 or 6 days. to make a decided impression on the muc. membrane of int-canal - revulsive effect-
Prep. of Iron. Syr Ferri Iod and Syr. Iunid combined - Simple but nourishing diet - milk - meat &c - no sweetmeats - cake - Exercise and fresh air - exposure to light - keep the joint in a state of perfect rest - you can give the child exercise without disturbing the limb by wheeling it about in a little carriage - Gentle friction by the hand - hair brush - coarse towel - over whole surface of the body
Prof. Smith absent. In clinique
Lect. 65th. Operation of Trephining - Fract. with depression and compression - punctured fracture - always necessary - also where there is extravasation of blood - formation of pus - never trephine over Long. Suture on account of long. sinus - frontal sinus - fistulous opening wd. result - nor at the ant. and inferior part of parietal bone - for fear of middle mening. artery - Never on the occipt. bone for it is very thick and covered with muscles. The instrument has a movable pin projecting about 1/8 of an inch beyond the circular saw - to get a good purchase on the bone - after the saw has made a groove for itself slide up the pin. Concussion - Breathes quickly and quietly - pupils contracted - pulse small and quick - semi-conscious. Compression - pupils dilated - full hard pulse - slow laborious breathing - unconscious - In operating first remove the hair - (sometimes very difficult to tell whether there is depression or not - cooperation between the bone and scalp)

them makes either V or + incision. Cut with the back of the knife towards the scalp and from within outwards. The next thing is to see if you can elevate the depressed portions without using the trephine. We know when we reach the diploë by the saw working easier and blood around the whole circumference of the cut – from the veins of the diploë. Make equal pressure over every part of the circumference of the cut – ✝ – Mentioned a case of a Professor who was operating before students. He warned them to be very careful to notice when they entered the diploë. At the same time he went on sawing – got into the diploë before he knew it – trephin pushed into the brain – The Professor ordered the patient to be removed and very coolly said that that was the very accident he had been warning them about. Catheter – Hold very lightly indeed – allow it to take its own course – Hand on ant. surf. of pen. pos. of left side – pull the penis up on the instrument – then bring the catheter to a perpendicular position – depress – Paralysis of bladder – dis. of prost. gland – necessary to use the instrument. Sect. 66th – Amputations. Either thro' continuity of the bone or a joint – Always secure the tourniquet as quickly – to stop the flow in the artery at the same time you stop it in the vein – pad over the principal vessel. Fingers. Generally thro' the articulation – Always save as much of the thumb as possible. Palmar flap first – extend finger very forcibly – lig. in the skeleton – You can open the joint without difficulty – In operating

at metacarpo-phalangeal articulation generally remove the head of metacarpal bone - In working men where breadth of hand is to be preferred to appearances do not do this. Thumb. Never remove unless absolutely necessary - Sistern's method best. flap from ball of thumb. Disarticulation at wrist joint. Rarely practised - flap better than circular. Forearm - Circular or flap - both good when properly performed. - Circular - skin sup. fascia - retract skin very much - then directly down to the bone - Stump - Roller case. Shoulder joint. Transfix - Coracoid pro. guide. We don't, in this operation cut large vessels until the last moment - great advantage. The hands of an assistant grasp the artery before it is cut - little or no blood lost.

Clinique. Gran. conjunct. Has given rise to a degree of epiphora - Wipe with a crystal of sulph. copper every day. Red ointment. after while when effect of cupri sulph. wears off we will use Argent. nitras. Eczema. Have been greatly disappointed with Fowler's solution in skin diseases. - In my practice Plummer's pill accomplishes more good in these specific skin diseases than any thing else - Writers on Mat. Medica land up every remedy to the skies and in reading a book on this branch you would think you had all diseases under control - that no body ever died of anything except from old age - notorious fact that such is not the case. Very good oint. in skin diseases is the following ——

℞ Ung. Calaci ℥i
D. C. Pic's ℥f
Hyd. Ox. Rub. ℥ij
M The red oxide must be very finely levigated

Weak solution of Bi C. Mercury with Glycerine very good.

Syphilis. Indurated chancre inevitably followed by constitutional Symptoms - Bubo is an internal chancre - sometimes the poison produces no chancre, is taken up and causes bubo - Chancre on the frenum or in its vicinity most likely - from number of absorbents - to be followed by bubo. Lect. 67th Amp. of toes. To find the articulation measure from web of the foot the length of the toe. Chopart's operation - Divide tendo Achilles - Don't pay any respect to the articulations in these amputations - Saw thro' continuity of the bone. Make gr. plantar flap first - most voluminous and no blood trickles down to obscure the operation as in the dorsal flap first - Get the flap perfectly round - keep on the side of the foot - rounded margin - Lect. 68th Amputat. above the ankle - circular first. Carry knife well around - start with a forward & backward movement. To avoid any difficulty in dissecting the skin back make a small longitudinal incision - then you can dissect the corners back very easily - In amputating a limb with 2 bones always prefer to saw both at the same time if you can - Amputat. higher up - circular first - double lateral flap next - Amp. of thigh - Circular first - Owing to the great

amount of muscle the flaps are heavy & deep -
Circular - Commence from 2 to 4 inches below the point
where you intend dividing the bone - first thro' integ -
- then close to the cut edge of the integ. down to the
bone - divide the periosteum at the point you intend
sawing the bone with a circular sweep - Saw the bone at
a higher point than either of incision thro' sphincter
the muscles - Stump appearance of a hollow cone -
Hip - Best operation - Ant. and Post. flaps -
Clinique. Fistula in Ano - Don't use a T bandage -
merely a fold of linen between the nates. Use a very narrow
probe-pointed bistoury - Necrosis is a large bone felon.
I operated for a case of recto-vaginal ~~fistula~~ rupture 2 or 3 days
ago - silver suture - closed all but a very small portion
- operated on this - woman no doubt will do well -
- The septum was ruptured for about 2 inches - caused
by a cow poking the woman - After operating keep the
bowels constipated. Recto-vag - much more difficult
to cure than ~~rect. vesical~~ vesico-vaginal -
The faeces become indurated and the rectum loaded -
in this case I kept the bowels unmoved for a week -
then I scooped out the hardened faeces with finger
and spoon - I am sure if I had allowed the bowels
to be moved at this time the violent efforts
made would have ruptured the septum again -
- Adhesive strips very good in indolent ulcers -
pressure and stimulating effect

Eczema - Very obstinate disease - Not cured in a day - or week - month - sometimes never - Plummer's pill best remedy. Lect. 69th. Tumors continued. Cancer best illustrated in female breast. Poisonous materials intercepted in the glands - Treat irritable tumor of female breast - tonics - iron - local anodynes - belladonna - plaster - See Lect. clinique next to Lect. 62nd - Cancer doesn't suppurate - Skin gives way - ulcer - morbid granulations - excited "rose cancer" - excavation - vessels opened - debilitating loss of blood - Every tissue liable to cancer - A case - scirrhus - operated - well for over a year - then "neuralgic" pains in the abdomen - chest - extremities - death - It is my opinion that the elements of cancer exist in the healthy system - they are developed by long continued local irritation - chimney sweeper's cancer for instance - The rule with me is never to operate when I find the axillary glands enlarged - When they are not so - the tumor circumscribed - general health good I operate - always telling the friends, however, that the disease is very likely to return - Carcinomatous complexion - yellowish tint - very adverse circumstance for an operation. Sometimes operate merely to prolong life. ×

I operated about 6 yrs ago - lady - no enlargement of axillary glands - consulting physician opposed the operation - lady consented to allow me to operate - on the former proposing it as my opinion - she is now living.

Another case very similar - died 10 yr. after the operation of another disease. I must admit, however, that the majority of my operations have been unsuccessful in that respect. The disease returning - Case - Cancer of the arm - advised amputation - gentleman objected - 3 mo. after came to me to have the operation performed - too late - right lung filled with material of cancer - died 2 or 3 wks. after - When you cut into cancer (scirrhus) knife creaks - Interlaced fibres forming cells - Medullary substance - "

Gentlemen, we have now completed our course on Surgery. I have labored to make it practical - to give you that kind of information wh. you will need when you go abroad to practise yr. profession. I have been engaged in teaching Medicine for 47 years yet my interest has not flagged - I have not yet completed my education, whatever you may think of yours - I will give you a few practical precepts - First, always manifest an interest in yr. patient. Now if a lawyer undertakes a case he will engage the feelings of his client - even if he should lose the case he will make a friend. Some years ago I took a very eminent man to consult about a case. We went to the house and talked freely in reference to the child - Next day the mother told me "not to

bring that man any more for he called my baby a case!" Manifest an interest and you will inspire confidence. Never prescribe without an object - always ascertain the character of the disease and then give the proper remedy. Never strike in with a strong remedy unless you are sure of the nature of the disease - Never mistake the effect of Gr. remedies for the symptoms of the disease - Very common mistake - ~~Bacon of the "Belladonna Hyoscyamus" Kreosote Hydrocyanic Acid~~ If any body can believe that 1000 of a drop of Tr. opii has more effect than one drop, why let them. Be careful how you despair of cases - always have the last blow at death - I have left cases sure they would die and yet they got well - Mentioned cases of tetanus - severe injuries - (wound of belly - fecal matter issuing - recovery) - when every body was sure death would result and nevertheless recovery ensue - When you abandon cases of this kind and they fall into the hands of a homeopath &c - great praise is given to the latter, for what nature does - Nothing now remains but for me to give you my professional benediction and bid you farewell -

Summer Course - April 1867.

Monday - Dr. De Rossett. Animal Chemistry.
Dr. Butler. Operat. Surg. and Surg. Anat.
Tuesday. Dr. Chaland. Dis. of Children
Dr. Harrison Histology
Wednesday. Clinic.
Thursday Dr. Frank. — Dis. of the Ear.
Dr. Loring. — Ophthalmology
Friday Dr. A. P. Smith - Orthopedic Surgery and Fractures and Dislocations.
Dr. Straith. Surgical Affections and Dis. peculiar to Women.
Saturday - Clinic.

Tuesday at 10 o'clock - Dr. Van Bibber's Clinic -

Summer Course - 1867

Monday - April 1st - Introductory by Dr. Butler.

Tuesday - Chatard - Book of Nature the Bible of the Physician. Scrofula - Rickets - Consumption never exist in families - Harrison - Microscope - Irrisolated Epithel.

Wednesday - Donaldson's Clinic - Hypertrophy of the heart - 3 elements in production of first sound of the heart - valvular - impulse - muscular sound. Second sound valvular element only - In hypertrophy valvular element less sharp - Impulse and Mus. sound increased - Dilatation - exactly reverse - valv. element increased - Muscular sound and impulse lessened - In dilatation, dropsy - from retarded capillary circulation - begins in lower extremity - ankle - feet &c - Percussion - Pleximeter should be perfectly flat - no air between it and the chest - perfectly solid and firm - Strike from the wrist - Don't use much force - Quick and sharp blow - Sounds - full - Empty - Dull - Clear - Sense of resistance - Percussion reveals physical condition of the chest - Prof. Johnston -

Thursday - Eczema of Ext. ear use following Rx Lead plast. Olive oil equal parts - ℥ss Bals - Peru ℥ss - Dr. Loring - Introductory -

Friday - Dr. Straith - Puerperal Fever Rapid pulse - Dr. A. P. Smith - Fractures - Causes - 1 Predisposing - 2 Violence 1 - age sex - disease - External force - Mus. contraction - Pain - Swelling - Loss of power Equivocal signs - Unnatural

mobility - deformity - crepitus unequivocal signs - Deformity most valuable symptom - 5 varieties of displacement - Diameter Axis - length - Circumference or rotatory displacement - contiguity - Saturday Dr Donaldson's Clinic Hæmaturia 4 Leeches to each kidney - Acid. Gallic. grs. iv 3 times a day - Almost pure blood - Hæmorrhage from kidney - Monday - De Rossett - 62 elements - Metals - Metalloids - Domain of matter study of chemistry - Proper symbol for water H_2O instead of H.O -  - all matter is indestructible - Dr Butler - No solid food before an operation - As a general rule never operate on a female during menstruation - Dangers during an operation - from hemorrhage - nerv. shock - After - Sec. hem. Traumat. Fever - Pyemia - Erysipelas Tetanus - Constitutional Irritation - Never close up a wound until parts are perfectly dry - all venous oozing ceased - otherwise you may have sec. hem. after reaction comes on - Tuesday - Dr Harrison - Demonstration of tests. Epithel - cellular epithel - from an epulis - Dr Chatard - Dr Van Bibber - Cancer - Female Breast - Tried injection of acetic acid - Dr Broadbent's plan - Wednesday - Dr Donaldson's clinic - 2 cases of Typhus fever - Dr J's clinic - Necrosis of thumb removal of first and second phalanges -

Thursday - Dr Frank - Accum. of Comm. matt. Deafness caused by, often attributed to cerebral deafness - neglect of an examination - Tuning fork - Dr Loring - Ophthalmoscope - Never neglect to wet

the upper lid and examine in all eye diseases

Friday Dr Straith - Puerperal Fever. Phlegmatia Dolens - Pulse frequent - no increase of force. Inflammation of internal lining membrane of the veins - commonly commences in the femoral or iliac veins. Dr A.P. Smith. Fractures Cont'd. Treatment may be reduced to a very few words. 1 - Keep ends of the broken bone in apposition. 2 - Follow out the first as long as necessary - Never apply a bandage directly to the limb (at first) only bandage necessary is the one to bind the splint - great danger from swelling - Use extension and counter extension - when you think you have the broken extremities on a line, then use efforts to place in apposition. In all cases a fracture must be examined from time to time - Compound fractures - Reduction of a protruded fragment - under no circumstances allow it to remain protruded - may become necessary to enlarge the wound - with great circumspection. Remove Splinters of bone - 3. kinds of splinters - 1 - those closely connected with the periosteum - generally leave them alone - particularly in young persons - 2 - those wh. have no connection with the periost. - to be removed - 3 - Splinters partly adherent - partly not - as far as practicable to be removed - all sharp projections of splinters wh. are left should be nipped off. Mode of dressing - Primary object is the conversion into a simple fracture - Ready access to the wound is of great importance -

Saturday - Prof. Donaldson's clinic - Scabies. Female insect causes nearly all the trouble burrows much more than the male. Oint. of Lard, Sulphur. Bi Carb. Potass. - Bathe well in hot water and soap - thus softens the skin - allows the ointment to penetrate and affect the insect. Sulphur is as sure to kill the insect as arsenic will destroy rats. Scabies comprises vesicular, papular - Squamous and pustular eruptions - all four often seen in the same case = Post Mortem - Calcareous deposits on valves of left side of heart - death from pleuro-pneumonia - lung showing very plainly 3 stages of pneumonia - patient from the trouble of the heart easily succumbed to the pneumonia
Monday - Dr De Rosett. C_2 O.16 S^{32} - Ord system altered - The density of the gases represents their present atomic weights. $C_2 H_6 O$ = Alcohol -
Dr Britten - Hemorrhage - Arterial - Retract. Contract. Coagulum - Syncope are nature's means of arresting bleeding. Compression - Torsion - Styptics - ligatures - are the surgeon's methods - As a rule always tie the artery at the wound or cut - both ends -
Tuesday - Dr H. his lecture - Dr V. B's clinic -
Wednesday Dr Chatard - Morbilli (Exanthem. Fever) Dr Donaldson's clinic - Brick dust sediment in the urine - Remarks on Typhus Fever -

al Otitis - Dr Loring. Eye is
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rystl. lens - but is owing to the
g too Long - Longsightedness -
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Breast - Dr Smith. No Secure -
ay - Dr Rosett. Butler - Dis. of
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ne. Dr V.B's clinic - Elephantiasis.
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Tuesday - Dr H. his lecture - D
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Dr Donaldson's clinic - Brick
urine - Remarks on Typhus

Thursday. Dr. Frank - External Otitis - Dr. Loring. Eye is practically a bi-convex lens. Myopia is not due to an increased curvature of the cornea - or crystl. lens - but is owing to the ant. posterior diameter being too long - Longsightedness - ant. post. axis too short

Friday - Dr. Straith - Female Breast - Dr. Smith. No lecture -

Saturday. Clinic - Monday - Dr Rosett. Butler - Dis. of the Blood vessels - Aneurisms - Hunter's Operation first.

Tuesday. Dr. H. Fibrous tissue. Dr V.B's clinic - Elephantiasis.

Wednesday. Dr. Cholard - Scarlatina. Dr Duncan's clinic.

Thursday - Dr. Frank - Inflammation of the Drum of the Ear. Always warm a solution before injecting into the ear - Better to apply leeches in front of the ear than behind. Dr Loring. It is the lens wh. accommodates itself to different distances - not by moving as Dr. Dalton has it - but by becoming more convex. Ciliary Muscle. Wilson improperly terms ligament - It is a true muscle.

Friday. Dr Straith. Pain, constant, in the top of the head and pain in the breast, look out for uterine diseases - Cases out of 10 you will find uterine trouble when these two points are thus affected. Stomatitis Materna. Dr. Alan P Smith. Special Fractures. Face - Zygomatic Arch. Rare - Direct violence Sometimes complicated concussion of the brain. Diagnosis Sometimes very difficult. Two signs - Depression. Interference with the action of temporal muscle. Treatment, Generally not very effectual. If considerable depression we desire to elevate. One method is by means of temporal

muscle. Shutting the jaws on a piece of wood. The muscle bulges out. Never tried it. am inclined to think more theoretical than practical. Other method - cutting down and elevating. Often causes more trouble than the fracture itself. Not advisable
Malar Bone. If fracture simple, let it alone - don't attempt to elevate. If comfound you might attempt to elevate — doing as little injury as possible. Nasal. Great deformity frequently comfound, comminuted. Trouble is that surgeon often doesn't make efforts enough to replace - owing to great pain - permanent deformity results. When depressed, introduce a catheter - at the same time modelling with fingers outside. Sometimes the nose is laid completely over on the cheek - place patient's head against the wall and use force to replace. Mentioned a case occured in Prof. H. R S's practice - had to use a hammer to reduce. Sup. Maxillary. Inf. Maxillary. Inter-dental splint best. Saturday - Operation. Prof. Smith. Fibrous tumor of the neck. Monday. Dr. Dr R. Digestion. Dr B. Dis. of the Veins - Phlebitis - Varicose Veins. Entrance of air into the veins during an operation. Tuesday Dr H. Fibrous tissue. Cartilage. Dr V. B's clinic. Wednesday. Dr C. No lecture. Thursday - Dr Frank. Clinic. Dr Loring. Conjunctivitis. Purulent Ophthalmia. Nitr. Silver best. Aqua ℞ - ℥i. Never drop a solution of Nitr. Silver into the eye. always evert the upper lid and apply it there.
Friday. Dr Straith - Insp. Mania. Dr A. P. Smith. Fract. of Sup. Extremity. Clavicle.

Apparatus for - long roller - 2 bandages - (See page 71). Same apparatus for fract. acromion pro., Neck of Scapula, Coracoid pro - in the latter fract. can, the arm immediately comes - brachialis. Body of Scapula - Treatment accomplish but little - Humerus. Anat. Neck - Slightly push up the elbow - Cap Splint - just below 2 tuberosities to support the elbow at all. Surgical Neck - Cap Splint - Dr. uses to attach a weight - bag of sand &c. weighing about 3 or 4 pounds - adds to the weight of the arm - T Shaped Splint - Fract. of Shaft. 2 Splints. Monday - Dr. Dr K. Dissection. Dr Butler - No Lecture -

Tuesday - Dr Hamism. Demonstration of yellow and white fibrous tissue - cartilage - Fibre is the ultimate elements of muscle, not fibrilla - All striated muscles are not voluntary - heart is involuntary and striated.

Wednesday - Thursday - Dr Loring. Dis. of the tarsus Dr. Smith. Middle Ear. Friday. Dr Smith - No Lecture - Dr Smith. Fract. of Shaft of Humerus - Direction of the blow has a great deal to do with the deformity - Cap Splint - from Shoulder joint to elbow - very important to keep these joints at rest - every motion will disturb the fragments. Fractures about elbow - almost always more or less anchylosis - Angular Splints

Fract. Lower part of Radius. Often mistaken for a Sprain. 3 compresses - (made of adhesive plaster - has the advantage of not slipping) one in front - above extremity of Radius prof- other behind - in Colles' position - One between the bones - 2 straight splints. Tuesday - Dr H. Demonstration of Bone - Dr V. B.'s Clinic. Cancer of the Lip.
Friday - Dr A. R. Smith - Fract. of Femur. Application of Ant. Splint - Fract. of Leg.

1867 - Oct. 1st Clinic by Prof. A. R. Smith - Comp. fract. of tibia and fibula - Ant. Splint - Use 1/3 whiskey - 2/3 water as a lotion to the wound - Epithelioma - had. of glands - No operation - Acetic A. externally - Give it a fair trial - In cancer of the female breast I never operate when the axillary glands are involved. Very common for cancer pt. to complain of "neuralgic pains". Phos - Ferri one of the best preps. of iron. Bi-Cb. Hyd - is a good stimulating - I use it more frequently in ulcers of the leg than any other. Clinic by Prof. McSherry - Hagan's Fr. of Back one of the best cases. Cimicifuga - Valuable Nervine - The most potent remedy in Chorea - Wine of 2 excellent preps. - also slightly Cathartic. Oct. 8th C. by Prof. N. R. S. - Operation - Removal of a tumor just behind the angle of Inf. Max. Insert lint into the wound, to promote suppuration - would be very improper to allow it to close. wasn't an encysted tumor. Am apprehensive of Medull. Sarcoma - The substance of the tumor is insensibly lost in the surrounding tissues - Bubo - 3 wks. ago commenced - had a "shining"

about 3 mo. ago - Never had a chancre - The "running" entirely ceased before the bubo began - Gave him Magn Hydrarg - gr. v 3 times a day - Rub Merc. Oint. externally - Recumbent posture very important in these cases - Don't want to salivate this man - Fract. of Patella - Caused by Muscular Traction - Keep leg extended on the thigh and thigh flexed on the pelvis - Use ant. Splint - No angle at the knee - No necessity for traction, so keep the cord in opposite direction ——/——. The heel should be elevated at least 6 or 8 inches above the bed — so as to flex the thigh on the pelvis - 2 thick bolsters above and below the patella - Bandage rollers do very well - Saw a case in my office yesterday - Stricture of Oesophagus - St. of Oesoph - results just as St. of urethra — from chron - inflam - and thickening - Unless the induration of oesoph - is of a scirrhous nature we can cure - am afraid it is however — have seen many such cases - I introduced an instrument - to dilate it - woman was in danger of starving.

Oct. 12th Prof - Mc S - Ointment for Erysipelas

℞ Zinci Carb. aa ʒi
Zinci Oxid
Cerat. Simpl - ℥i
M

One of the best known applications

A very good method to prevent pitting in Variola: Open each vesicle and drop in one drop of Solution Argent. Nitr.

Notes on Prof. N. R. Smith's Lectures

** Session 67 to 68.

Oct. 14th 67. Monday - Clinic - Epulis - Cut out and then applied actual Cautery ∴ Fistula in Ano - operated - complete - Chronic Conjunctivitis. Ulceration of the Cornea. Dip hair pencil in water - shake off the drop that hangs - rub on crystal of Nit. Silver - touch the ulcer with the brush. Comp. fract. of both bones of left leg - applied ant. splint - first wrap the splint - then put on leg - apply strips to furnish temporary support - then bandage - Independent b. in this case - If body inclines to slip out of foot of the bed, put a brick under the legs of the foot of the bed - ** Wednesday - Prof N.R.S. Amputation above the knee for "white swelling". Tried a new method of securing arteries - wire - used - I never seal up a stump completely.

Prof. Slone of N. Orleans on Yellow Fever. Is not peculiar to any locality - Is a specific disease; must run a definite course - Fixes upon no particular organ - no anatomical lesion - When patients recover they have no chronic disease afterwards from Yellow f - - as in Typhus, typhoid &c - Have seen cases of dyspepsia cured by Y. F. - improves nutrition - patients feel much better after an attack, than they have felt for years - In all bad cases there is suppression of urine - Liquors begin the disease - At the commencement of the disease, if necessary, I employ means of water, to empty the lower bowel - When I see them early, perspiration profuse, I use large doses of Quinine -

Mustard p. relieves pain as well as cups – must. p. much less annoying – Yellow f. patients are not responsible being their minds are affected – Perfect Quietude – Mental and physical – more important than anything else. Sometimes when everything is going on well, the friends want a paper signed, or some other business attended to, and I have noticed that, from that time, the fever increases and death ensues. Important that patient be kept covered – Patients fear a little draught of air very greatly indeed – I have often noticed that p. behind a door get well, when those under a window die – As soon as patient can take nourishment, give it to him – animal broths best. Consult their tastes about stimulants and you will never have any trouble in relation to "irritability of stomach" – some prefer Scotch ale, others brandy, &c. &c. No active treatment does good in this disease. Keep friends from a patient. I can conceive of no stage in the disease where calomel would be of service. In this disease the less you dose the system the better. It is by paying attention to the little points above stated that we treat the disease –

Always make the patient go to bed at the very commencement of the disease – the earlier the better. You will often have trouble with them about this – they really thinking nothing is the matter with them (their minds are affected) and insisting upon getting up – ridiculing the idea of their being sick. Be firm on this point.

Perfect rest in bed – Mentioned a case – A sea Captain

Prof. N. R. S. Clinic - Saturday. Oct. 19/67 - Case of Amputation of last Wednesday. Removed the wire sheeds - doing very well. Varicose Veins of the Leg & Varicose ulcer. In this case the veins are not only dilated but also elongated - forming folds - the veins are also inflamed - hard and tender to the touch - I will not, now, use the twisted suture - Perhaps nature is now making an effort to cure (inflammation). I will put on a bandage of uniform tightness - Patient must keep very quiet in bed. Capsular Cataract. Of course when we operate for cataract as we destroy what once was, the patient will never have a good vision as natural - will always have to use a very convex glass - I once operated on an old lady four times, before successful - The inflammation is generally much less after 2d 3rd &c. operations than it is in the first. Case of Wound of Tendo Achilles - Partial - (patient has also Albuminuria) - Removed profuse granulations by the knife - wound could never cicatrise whilst they were there. Abdominal Fibrous Tumor of Abdomen - Woman - Hard knotty tumor - very loose - Very apt to occur in the ovary when Women cease to menstruate - Important to ascertain if any disease of the uterus - in this case there is none - Most generally the ovary is affected with a cyst - similar to hydrocele of the male - Operation for, very dangerous - about ½ cases lost - There is a woman who has been under my observation for the last fifteen years with a fibrous tumor larger than this one - Sobefacient means will accomplish nothing in these cases - Keep the

Abdomen well supported -

Oct. 23rd 71. Prof. N. R. S. case of amp. of thigh (before reported) - doing well. You can't prevent a stump from becoming painful - Unless the thigh is very voluminous I prefer the circular operation - Necrosis below the knee - Exactly like a bone-felon of the thumb - only more formidable - Begin with inflammation - Almost always the deep-seated pain is ascribed to rheumatism by the physician - no reason for this mistake, for in these cases the knee joint is not swelled - and movement of it does not inflict much pain - If I had seen this case early I would have made a bold incision right down on the bone - divided the periosteum - and let the pus out. If this expedient would not have answered I would have drilled the bone in several places (trocar, as good as any thing) - Treat exactly as you would a bone-felon - The pus is confined by the periosteum. As the disease has now advanced in this case, the proper treatment is to lay open these openings - It is proper to use the chisel for we can't tell where the dead bone ends and the living commences - If I found a large piece of dead bone, wh. I was unable to extract from the smallness of the openings, I would cut away the septa of these openings, with a chisel and then remove the portion of bone -

Stricture of the Urethra - I used Holt's dilator - good instrument - Slippery Elm Bougie is an excellent means of dilating. First dip it in water - then in oil - Have used 40 years - not the least danger of it breaking. It gently swells in the urethra and gently expands the stricture - leave it in for 2 hours. Some constitutions can't bear

Iod - Potassium - Case of amp. of finger - performed some time ago - Morbid granulations - Nitr - Silver.

Case of Lacerated Wound - Man's hand caught in machinery - tore off the thumb - dislocated the shoulder - lacerated w. of shoulder - Biceps m. protruded 4 or 5 inches from the wound - cut it off - If it had been put back would have sloughed off - Saturday Oct. 26/67 - Prof. N. R. S. Hydrocele When I put my finger at the ext. ab. ring and direct the patient to cough nothing protrudes - I will let out this fluid by a trocar and then put the instrument around in the sac, for the purpose of scratching it and thus exciting inflammation - Very frequently succeed in effecting radical cure in this way. There is a form of Hydrocele of the Cord. More difficult to diagnose from hernia - Proceed with great caution - Impulse when the patient coughs - you must grasp the cord close to the ring - History of the case will often aid you - Has it ever gone up? - or disappeared? Remember it is not safe in young children to resort to tent or injections, for fear of inflammation going up to the peritoneum - In these cases I often puncture the sac quickly, in half dozen places, with a lancet - this will excite sufficient amount of inflammation to effect a cure - In hydrocele of adults insert a tenaculum thus' all the tunics - bring it out. incision by bistoury, an inch and a half in length - tent - Recumbent posture - Never fails of accomplishing radical cure. (Take tent out on 2d day) Only objection is that it sometimes excites little more inflammation than is desirable -

Mucous Papules of Gland Penis - from Gonorrhea - the largest I have ever seen - removed by scissors - If they had been small I would have used strong solution of Bi-C. Hydrarg -

Case of Necrosis (before reported) - Sponge tent = Will enlarge the opening by its gentle expansion - also cause absorption of bone - Aneurism, by its pressure, sometimes causes the tit to disappear at the point over which it is placed -

Varicose Veins (before reported) Veins very hard and tender - Nature will probably accomplish a cure in this case - I once practised cutting out a portion of the vein in a case in this house, with fatal result - I now use the twisted suture - sometimes the clamp, which seizes the vein and compresses it firmly - Conjunctivitis (C.r.) Nitr. Silver is not a caustic - accomplishes good rather by stimulating the mucous membrane and supplanting diseased action, than by rendering eating away any part - Also good purgative - also revulsive, stimulates lower bowel -

Prof. McSherry - In affections of the eye I am in the habit of using medicated snuff - prepared as follows - Yellow Subsulphate of Mercury gr. x Rhei Pulv. ʒi - Pulv. Sugar or any other vehicle ʒi M Use a pinch 2 or 3 times a day - Revulsive and excites nasal secretion - I sometimes use Pulv. Cubeb - instead of the sugar - Stop up one nostril and snuff well up into the other -

Pathological Specimen of Constriction of Aorta - Had a peculiar blowing sound during - Believe the constriction to be congenital - (Man died of pneumonia)

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Urine of Bright's Disease - Slightly acid - Sp. gr. 1012 C - heat - nitric acid - In this disease diuretics accomplish nothing - Urea & Carb. Ammon - (sometimes eliminated by the bowels - Have been treating with hot air baths - Cr. Tartar.

Wednesday Oct. 30th '67 - Prof. N. R. S - Epithelioma on the back of the hand - Skin Cancer - Elevated edges - Applied Caustic Potash - Caustic Potash is the only caustic I use when I want to destroy parts. Hemorrhoids - Very large indeed - Applied wire ligature around - (same as the new way for tying art.) This ligature will effect the removal of them - they will slough off. Chancre - Conduit draw skin back over glans - the chancre was concealed in this way - Divided the skin covering the glans - inserted a director - bistoury - transfixed and cut out - dress with dry lint - Useless to apply sutures - Necrosis (C.r.) doing well - Necrosis will be arrested at the termination of the diaphysis - beautiful provision of nature - disease wont enter the joint - The different portions of the bone (diaph - epiphyses -) are pathologically distinct - nourished by different vessels - Inserted a tent to prevent opening closing - Inject weak solution of Muriatic acid - this is, first, a stimulant - then also it will act on the Phos - Lime converting it into the Muriate - the latter is very soluble and we can wash it away - the acid will not act on the living tissues -

Chronic Conjunctivitis. Dr Butler operated for Trichiasis - successfully - The man now has Chr C - the mucous membis granular - touch with crystl. of sulphs. Copper - w.s. of opium - For turning in of the lids you either take away a fold of integument from the lid, in order to everti it - or you cut away the border of the lid - for the latter operation you put a thin piece of wood under the lid - run a pin thro' the lid into the wood, in order to hold it still - then cut away the lid for about 1/4 of an inch - Saturday Nov. 2nd '67. Wound of Ankle Joint. Joint laid open - completely disorganized - bones crushed - Artery injured - No expedient but amputation. I always use circular operation above the ankle joint. Artificial limbs are now so perfect that we will operate as far down as the injury will permit - formerly surgeons would have taken the limb off just below the knee. Applied the tourniquet - on screwing it up the strap broke - then applied the field tourniquet - the fact is that the common field tourniquet is much better than the complicated instrument - I have seen the latter rendered useless (by the strap breaking) just as the incisions were being made. Another thing - if the limb is edematous the strap will sink way in - the surgeon will make his incisions and find the artery not secured - direct tights - sometimes impossible to make the strap so - When I use the instrument I always direct the assistant to be ready to compress the artery in the groin if there is

any back - Dr Smith applied the field tourniquet as follows, compress over the artery - another one on the top of the leg - circular bandage - twisted with handle of bone forceps - the forceps resting on the second pad, on the top of the leg. Very little hemorrhage - sutures - adhesive strips - lint - linen strips with cerate - bandage. Cataract. Old colʼd man - one eye operated on 5 wks. ago - good result - Operated on the right eye. I raise the upper lid and hold it by my thumb - much better than an assistant. Very important that you should carry the needle entirely through the body of the lens, into the anterior chamber; this is to be sure that you have ruptured the capsule. It is surprising what a slight lesion, by the needle, will, sometimes, cause the absorption of the lens. Covered both eyes by a bandage - No application unless pain follows, then W.S. of opium. Cataract. Small boy. gave him chloroform - After you have inserted the needle you can pretty well control the move-
ments of the eyeball - Wednesday Nov. 6th. Very short clinic - Prof. S. was detained and did not come until late.
Varicose Veins (L.L.) - The veins still continue knotty and hard - blood has coagulated in them - The man is going to be cured, in one leg, without the ligature - In the other leg the veins are soft - blood can be pressed out of them. Sometimes varicose veins burst - immense hemorrhage - Recumbent posture - Elevate the limb - Prof. S. put several strips of adhes. plaster

around the knotty veins - to increase the obstruction to the circulation - Cataract - Operated on last time - Fragment in the anterior chamber. This will be followed by nothing serious - 199

Wed

** Saturday Nov. 9th - Prof. H. R. S. Op. Adipose Sarcoma on the shoulder - female - Have removed some wh. weighed 8 or 9 lbs. favorite locality is the shoulder - Much more common in females than in males - Be sure to make a free incision at first - Makes no difference if it extends down and cuts the tumor - Make it plenty long enough, in order to have free access to the tumor - The only difficulty is to distinguish the fat of the tumor from the fat of the surrounding parts - The tumor, however, is lobulated and the borders of the lobes are well marked - Are never very vascular - Always one nutrient vessel, wh. you will secure - Prof. S. in this case, made a very free and extensive incision over the summit of the tumor - dissected out and removed - In dressing the incision ordered a little piece of greased linen to be inserted into the lower angle of the wound - this is to conduct out any blood wh. may be formed out -

Abscess on the Walls of the Chest - Began 3 wks. ago - In large majority of cases these abscesses are either connected with the cavity of the chest - or its walls - from caries or necrosis of the ribs - Opening apt to assume fistulous character - Nothing abnormal on percussion - patient says he has never had Pleurisy - Prof. S. opened - Quantity of pus discharged - probed - could find no communication with cavity of chest - Man's gen'l health is not good - pale -

I have recently been called to two cases of supposed bad

hemorrhoids - On examining carefully concluded they were both cancer of the rectum - Lancinating pains - Involuntary discharge of faces - Corrugated surface. Here is a case which we will proceed to examine - Has had this trouble 8 or 9 wks - ~~Pruritis Ani~~ (patient says he has "jerking pains" - These may be from contraction of the Sphincter Ani) - Involuntary discharge of faeces - I feel an irregularly excavated ulcer, in which I can put my finger - Well, this is not a very well marked case, but still I have no hesitancy in pronouncing it cancer of the rectum. We will give him Phos. Ferri gr. xv - And use Morph. Sulph - gr. vi - Sub. Nitr. Bismuth ℥i - M - Sprinkle this powder on the part - This combination I have lately used in a case with excellent results - We will now give it another trial - Chronic Ulcer of the Leg - Bandage smugly - In applying greased linen, prefer several small pieces to one large piece - the latter wrinkles and interferes with the circulation - Wednesday Nov. 13th - Prof. S. Coxalgia - Nearly always ascribed by parents to some injury. Boy - leg full ½ an inch longer than other (limb is not really longer; shorter - muscles are stretched - Mother says the boy had a fall and hurt himself - I can't positively say that this is hip disease - symptoms may arise from the injury - he has however very symptom of commencing hip disease - better to be on the safe side. Keep the limb perfectly at rest - Brisk Purgative - Blister 2+3 on the hip - this besides its medicinal virtue will make the boy keep still. We rarely have coxalgia in adults - If this child were more vigorous and older I would apply

the caustic issue.
Permanent extension is a very important means in this disease (also in disease of the Knee Joint) to prevent the head of the bone pressing firmly up against the acetabulum and thus creating irritation - this is always the case in coxalgia. Adenitis of the Neck - caused by syphilitic ulcer of the throat. Bi Chl. Hydrarg - gr. vi Of Aqua - Syrup 5 or 6 times a day - Blue Mass gr. v 3 times day - Case of Cataract - (Ward 7.) The fragment in the ant. chamber is greatly diminished - ultimately entirely disappear - Varicose Veins (Ward 7) - Saphenic V. in one leg completely plugged - Nature is accomplishing a cure - in other leg we will try to get up the same process - pinched the vein with pair of forceps. Gentlemen, the fact is, after all, we merely assist the efforts of nature in any form of disease. Saturday Nov. 16th '67

Prof. S. (Tuesday I reduced compound fract. of leg, near the ankle - had to saw off piece of protruded fragment - patient died - from the Nervous Shock - These shocks, thro' the medium of the Nerv. Syst., impair the arterialization of the blood in the lungs. After the wound was dressed dark disorganized blood continued to flow by drops - searched the wound - no artery found bleeding - was general oozing - after a little man became delirious - gradually sank.) Scrofulous Adenitis - Phos. Ferri gr. x 3 times a day - Gentle aperients - ℞ Rhei Pulv. gr. iij - aloes ij

moribund - in a dying state
endemic - peculiar to a people or nation
epidemic - a disease generally prevailing

Podophyl - gr. j - ℳ Fract Humeri - Comp - Comminuted. angular splint - bandage over head of the humerus - You can lay pieces of pasteboard inside the ang. splint if necessary - Catarrhal Conjunctivitis - Saturated solution of Sulph. Zinc. Red Oint. to edges of the lid - Syphilitic Ulcers of Leg. Basilicon Oint - Sol. Bi C - Hyd - gr. j - ℥j - Case of Epithel. of hand (Ec. r.) Jarmin's Crayate. Have since scrubbed with Caustic - doing well.

Wednesday Nov. 20th - When a thigh is very voluminous I turn the skin over on the limb - When I see a case of incipient white swelling I treat as follows - Prep. of Iron - Nutritious food - (Gentle Aperients) Starch Apparatus - If advanced further and there is constant pain - caused by the bones pressing on each other from unnatural contraction of the muscles - I use permanent extension - Remember, Gentlemen, that Rheumatism in children is a very rare affection indeed - If a child halts and limps much safer to pronounce hip disease, than to make the opposite mistake and say it is "only rheumatism" - When you want to look at the eye seize the eye-lashes, pull the lid out and then carry up - Syphilitic Bubo - Chancre near the frenum is much more likely to be followed by bubo than that near any other place - greatest number of absorbent vessels - A bubo is an internal chancre. Mercury will not prevent the occurrence of secondary symptoms - In young children never use the caustic issue for cephalgia - Blisters best - Abscess on R. of chest (See Nov. 9th) I can now touch

rough surface of necrosed bone with a probe. We will have to wait for the separation of the dead from the living bone. The rib is necrosed. The man will ultimately get well but it is going to take some time. Lungs all right.

Varicose Veins (R. L.). Have never known any thing disastrous to result from the twisted suture. Nature has cured one leg — you see the enlarged veins have entirely disappeared.

Phagadenic Chancre. Bad open, phagadenic bubo. In these cases mercury is improper — mercury, itself, promotes the breaking down of the tissues. When chancre has a hard base, then use Mercury. Never when there is high inflammation or a phagadena. The sore on the penis has already got on a healthy aspect — you see the healthy red granulations. We will only apply solution Bi Chl. Hydrarg. — but touch the bubo with Nitric acid. after this, then use weak solution of Nitric acid. (℥ gr i - ℥ j) Turner's cerate afterwards. Fract. of Humerus near the middle. pasteboard splint ✱✱ — starched it well on both sides. then put cloth over the splint — bend down upper portion into form of cap. bandaged. carried bandage from injured shoulder over across the chest. axilla back again. Very important indeed — to control the upper fragment. Saturday Nov. 23rd. Showed a cast of traumatic aneurism. bend of the elbow — caused by a spring lancet in bleeding from median basilic. Cured by a gum elastic ring, such as children cut teeth upon. Stump from Circular Amputation. No one can ever bear pressure directly on the end of a stump — artificial limbs press above the end of a stump.

above the ankle-joint and for the thigh I generally prefer circular operation - higher up about the calf of the leg I generally flap operation. Sometimes integument is destroyed on one side not on the other - then we must amputate according to the circumstances of the case - Scrof. Admits. Syp. Ferri Iodid - Stokes' Fin - Varicose Veins - (B. 2.) Cutting out portion of vein - application of a ligature very dangerous operation - twisted Suture best - Necrosis of Rib (B. 2.) See Nov. 9th Began abscess - opened sometime ago - (Nov. 9th) - Wait a little before we do anything. Case of Enlargement of Glands of the neck from syph. ulcers of the throat (B. 2.) Gums touched a little - Glands much reduced in size - Mercury is a remedy wh. has been and is now greatly abused - Abscess near the Anus - Fistula in Ano begins in this way - Opened - pus pushed out - parts are now very tender we will wait awhile and then operate for fistula in ano - probe-pointed bistoury - put rectum thro. on it - cut out - Inguinal Hernia - old cold man - has also carcinoma of the penis - Syphilitic Phagadenic Ulcer - (B. 2.) touched with Nitric acid - looks much better shows use Nitric Acid ℥ℓ. x - ℥j - dress Turner's cerate - Epithelioma of the hand - doing well - healthy red granulations - I always use Caustic Potash when I want to destroy parts - Stick or Paste, made 2 parts of Caust. P. - 1 part of Opium - Opium deadens sensibility - Remember one thing - in cutting out tissues adhesive plaster always make the circular openings smaller than the diseased border, for the caustic potash always extends its action further

than the border of the opening in the plaster -

Wednesday Nov. 27th. Here is a case of Hydrocele. I operated before and did not insert a tent -

I will now transfix by means of a tenaculum - cut down - let the fluid out - insert a tent - push it in well - this never fails - the tent also conducts out any serum which may be secreted before inflammation is excited - one great advantage over other expedients - Varicose Veins (C. v.) - Removed twisted suture - I have a case in private practice of Hydrops Articuli - The joint is well filled up - If I did not let some of this fluid out what would take place? The character of the fluid would become changed - sero-purulent - ulceration of cartilages - white swelling - - amputation - I will first bandage the joint lightly - - leaving the place open where I intend to tap - then insert a small trocar obliquely - in order to have a valvular arrangement - Bubo - Some think it is best to to allow them to open by themselves - My practice is when fluctuation exists to open them - Mercury will not prevent secondary symptoms - best remedy when they do occur - Necrosis of Rib (C. v.) - Can feel the dead bone firmly fixed - have to wait for the separation - Nebula - Bi Chl. Hyd - gr. i - ℥v ᵐˡ - admirable adjacent in chronic affections of the eye -

Saturday Nov. 30th. Here is a portion of the leg of a young man - amputated yesterday on Thursday - G.S. wound - gun very close to the leg - whole charge went directly thro -

above the ankle joint and [illegible]

making a terribly mangled wound - Bones comminuted - all arteries destroyed - muscles, ales to a very great extent - There was no circulation whatever in the foot - Patient, when I saw him, was insensible - mere thread of a pulse - tourniquet was on the limb and had been on for some time / he was shot some distance from the city - / had lost considerable amount of blood - Now in such a terribly mangled wound as this it would be impossible to secure the arteries - in order to find out where they were we would have to relax the tourniquet and let them bleed - this would, of course, add to the loss of blood - Neither could I let the tourniquet stay on any longer - I therefore reasoned that amputation would be the only expedient - we also by amputation would convert it into a simple wound - The man was in an extremely weak condition - Well, I amputated - circular - below the knee - secured 3 arteries - lost scarcely any blood - Reaction began while we were operating - After the operation gave him small quantities of brandy toddy - beef tea - Reaction began almost the very moment the knife touched him - Here are two enlarged tonsils I removed in my office - These enlarged tonsils produce modification of the voice - cause of foreign substance in the throat - difficulty in breathing - In removing them, some persons have great fear of hemorrhage - Now this is a useless fear altogether - I have operated numberless times and have only had any thing like a hemorrhage in two cases - One used Nitr. Silver - other Sq. Ferri Persulph - perfectly successful - I slice them away without the slightest apprehension - Have never known their removal to produce any modification

in the voice - an important point with young ladies who sing - if they are allowed to remain they certainly then produce change in the voice - Stricture of Urethra. Traumatic stricture is the worst form - The stricture is far back - devious. Draw the bougie out a little and revolve. When water passes - if only drop by drop - there must be a canal, however small - The difficulty is to trace this canal out - Slippery elm bougie - twist end of it - revolve it - Introduced slippery e. bougie - allow it to remain in about 2 hours & will swell twice its present size - very likely on the impression of the stricture on it, when removed. No danger of slipp - e. bougie breaking - Secondary Syphilis. When mercury has not already been used I always employ - if the remedy has already been employed I am very cautious about it. Iodide Potass - best remedy in unpleasant symptoms from mercury - Case of extreme induration of the groin - Syphilitic - Blue Mass gr. v - 3 times a day - Camphorated Merc Oint - ℞ Blue Ointment ℥i - Camphor ℥i - Varicocele. When man lies down the "lumps" greatly diminish in size - ring all right - no impulse on coughing. The veins of the cord are numerous, very long - receive no support from muscles - more likely to become varicosed than the veins of any other part of the body - In varicocele the testicle generally becomes atrophied - more commonly occurs on left side - left testicle longest - Treatment - Radical - Palliative. Most generally we palliate - If not an extreme case the suspensory is all that is necessary. Operations for varicocele are all attended with danger - Mentioned a case occured in this house - removed the veins - fatal phlebitis. Twisted Suture -

above the ankle [illegible]

clamps - Sir A. Cooper's plan - comparatively safe - Removing portion of scrotum - converting it into a sort of natural suspensory - presses snugly up against testicle - At all events, after the operation, there will be no further progress of the disease - Granular Conjunctivitis - Bi C. Hyd - gr i - ℥vi - very pure water - Red Ointment to lids -

Wednesday - Dec. 4th. Monday Dec. 2nd Lecture on Wounds of the abdomen - When there is a wound of the walls of the abdomen, even without w. of any of the viscera, much danger may be caused in the following way - when the walls of belly are wounded spasm may occur, by which some of the viscera may be protruded - When any instrument or any foreign body penetrates the walls of the abdomen or chest the powers of life take alarm and great prostration follows. Suppose intestine is protruded thro' the wound - Taxis generally reduces - If difficult use chloroform - completely under its influence - Puncturing the intestine to give exit to flatus (which may prevent the reduction is an exceedingly dangerous operation) - Applications of Warm water - injections - will succeed in reducing the flatus - Wounds of Stomach - If the belly is ripped open and you can get access to the w. in the stomach, turn the edges in and use glover's suture - sew thro' the folded edges - When the wounded intestine is protruded close the wound and return to the cavity of the belly - turn the edges in, sew thro' the folded margins (over and over or glover's suture) completely encircle - cut off and the ends of suture and return to cavity of the belly - the suture - if patient live - will work its way into cavity of the intestine

When the kidney is wounded from the front the peritoneum is cut twice - almost inevitably fatal peritonitis - when injured from behind kidney peritoneum is not concerned - prognosis - more favorable - Mentioned a case, in wh - the liver was undoubtedly wounded by a dagger - man got well - [The plan wh - Prof - Smith prefers in treating W. of Intestine is that of Lembert] Tuesday - When the bladder is wounded if you close up the external wound, then the urine will be certain to infiltrate in the surrounding tissues - Mentioned 2 cases in wh - the bladder was ruptured - both by the knee of a horse - in both, the organ gave way where it was not covered by peritoneum - both recovered - Another case - A large piece of wood penetrated the perineum - ran into the bladder - ragged hideous wound - rectum and prost - gland both injured - Copious hemorrhage - arrested it by introducing a canula and packing with lint and a sponge - Man got well - W. of Penis Very vascular organ - generally great hemorrhage - Introduce catheter and bind penis snugly on it by means of a bandage - this is where there is oozing - Where artery is cut and spurting - open the wound - search carefully for the wounded vessel and secure it - W. of Knee Joint - Very dangerous indeed - Known by the synovial fluid escaping - Close the wound as accurately as possible - adhes - Strips - If very extensive, you will have to use sutures - try to do without them, whenever you can. Perfect rest - Ant - Splint. Whiskey and water obviate suppuration - Suppose suppuration ensue - joint tense - painful -

rigors - Well if you let this condition of things alone after a little pain abates, patient expresses himself as greatly relieved - Ignorant Surgeon would think patient is going to get well without any further trouble - Not so. The matter will work its way out and joint either above or below the knee. In the meantime the joint has been considerably disorganized - Synovial membr. has been converted into a purogenic one - pus will go on to form for some time - Anchylosis - Therefore, when the joint is tense and painful - rigors - fluctuation - do not hesitate to open it - free incision - Effellent bandage - We now come to **Fractures**. Solutions of continuity in a bone - Simple - Compound - Comminuted - Complicated. How do we recognize fractures? Not much difficulty in diagnosing fract. of long bones when they occur near the middle - Bystanders usually know before they send for the Physician - They say the limb is "doubled up". In majority of cases of fracture the diagnosis is easy - some cases occur in wh. it is by no means so.

Signs of fracture - Deformity - Caused by weight of the limb and action of the muscles - Crepitus - Sometimes don't get - as in fract. of neck of thigh bone - Sometimes joint in a state of inflammation produces very adhesive synovia - may simulate crepitus - Muscular crepitus - caused by tendons of muscles sliding in their sheaths - Change in length of limb - Where there are two bones in the limb and only one is broken there is no shortening

Some cases occur where even after taking all these signs into consideration we then left in doubt. In large majority of cases fracture is very easily ascertained.

Wednesday Dec - 4th. Clinic. Here is a case of Hydrocele - I operated before and did not use a tent - tried twisting the trocar around in the sac - did not excite sufficient degree of inflam - I then inserted - in my second operation - a tent - first took up the tissues to prevent their sliding - in order that the openings will all correspond - Dressing - tent - Leave it in until about second day or so - This plan sometimes excites more inflammation than we desire and suppuration ensues - in this case we often have to open to let pus out - Case of Secondary Syphilis 10 mos - ago chancre - Buboes follow - Eruptions - Angry looking sore on fore head - pains in limbs - hardening of glands - Mercury has been used - Give him Syr. ferri Iod - and Iod. Potass - will not antagonize each other. To the sore apply ℞ Nitric acid gtt. x Aq Rosæ - dress Turner's Cerate - phagedenic character - A cicatrix is always very apt to take on diseased action. cancer &c. Indurated Chancre, certain to be followed by secondary symptoms. Use mercury until the gums are affected - ℞ Cl. Hyd - wash - By mercury we promote the absorption of these morbid tissues. Bear in mind that it is not proper to restrict the diet in Syphilis. I have not the slightest confidence in the use of Acetic Acid for Cancer. We have lately had an interesting case of Transmutation in the house

Prof. S - said when he saw the patient he was dying - post-mortem revealed the fact that a small portion of omentum was packed in inf-abd-ring - (nothing particular at sup. ring -) this gave rise to inflam. wh was propagated to peritonitis. Mentioned a case in wh the intestine could be returned but not the omentum, kept patient in recumbent posture for some time and at length reduced the whole of it - applied truss after - a truss would have caused great mischief if had been applied at first - You remember the case of amputation I spoke of, at our last clinic - (G.S - wound of the leg) You remember I amputated at once without waiting for reaction - If I had waited for reaction to come on, the great probability is that I would have been disappointed - by in the mean time would have died - The pulse began to rise the very moment the knife touched him - acted as a stimulus - The patient is coming on remarkably well - In almost every case it is better to operate at once without waiting for reaction - There are two periods in wh it is advised to operate - 1 - Immediately after the injury - The other after a few days - when the pulse is strong and less irritative fever - Now it is very dangerous to wait for the latter period - Operate at once In many cases the patient will die before any reaction comes on and you will thus lose your patient -

of Thursday - Dec - 5th Lecture Continuation of Fractures
Characteristics deformity for almost every kind of fracture -
In fractures of the neck of thigh bone can seldom make crepitus -
Existence of pain is no evidence of fracture - have it in
sprains &c - Reparation of fracture. Bone is a vascular
organ, invested, also, by a vascular membrane - The periosteum
pretty much in the same relation that the bark of a tree is
to the wood - The periost. most important office in rep. of
fractures - Mentioned a case of false joint of femur caused
by portion of muscle being caught between the fragments
Treatment of fractures. As a general rule bandages never should
be applied directly to broken limb - Bandages are employed to
attach the limb to the apparatus - I have had to amputate in
two cases for mortification produced by too early application of
Splints apparatus. Splints are employed to supersede the
mechanical office of the bone - In fracture of the clavicle
almost always deformity results - under the best treatment -
The reduction or "setting" of a fracture amounts to nothing,
unless adequate support is at once given - Fractures of
the lower extremity are more important than all the others
put together - **Saturday** Dec. 7th Necrosis of Rot -
Dead bone not yet separated from the living - In a case of Dropsy
of the knee joint (Patient was a Senator) a physician of Washington
tried the plan used in hydrocele - injected Tinct Iodine - Great
inflammation ensued - death - Suppose a Lady or gentle -
man comes to my office with a very recent chancre
- just appeared - mere little pimple ? I destroy

it at once with caustic potash - Sometimes snip it off with scissors - or use nitric acid - I prefer the caustic potash however. You can very frequently entirely destroy it before absorption has taken place. Some years ago a very disastrous case came under my observation - A highly respectable Gentleman of this city went to quite an eminent Physician of Balto - with a mere little pimple on the glans penis - Well, the Doctor looked at it & and, having a high confidence in the gentleman's moral rectitude, pronounced it - "nothing at all" "of no account" &c - A few days after the gentleman went again - doctor still thought it was not syphilitic - a week passed before the Physician saw that it a true chancre - Well, by this time absorption had taken place - disease progressed - one of the most severe cases I have ever seen - mercurio &c - death - Now if the Physician had touched with caustic potash I am sure all this would have been prevented - for he saw it in the very commencement - Let me advise you not to have too much confidence in moral rectitude - if you see any thing like a chancre on man or woman throw his or her reputation out of the question altogether and treat the disease - Be concerned about your own moral rectitude only - Monday - Lecture Fracture of **Clavicle** - The clavicle keeps the arm up & out and back - Almost always broken by the counter-stroke - only instance I can recollect of fracture by direct violence was case of a policeman, struck by a brick - Bone fully

broken about the middle - usually fractured by falls on the shoulder. How will we recognize? Well, remember what office the bone performs. Keeps the shoulder upward, outward and backward - When fractured shoulder falls downward - inward forward. You can see at a glance that the shoulder sinks - Run your finger along the clavicle perceive angular deformity - (This fracture very common in children - usually by falls on shoulder - out of bed - off of a chair -) The patient can't execute lateral movement of the arm, from the chest. If you grasp the elbow - hand in the axilla - carry shoulder upward - outward - backward - deformity disappears - for this is just what you want mechanical apparatus to perform - (If you place your knee between the patient's shoulders and pull them back deformity also disappears -) Sometimes when the fracture is near either extremity not such an easy matter to recognize - there is then little or no deformity - fragments held in place by the ligaments - Not of much account, however, in treating - for if there is so little deformity that you can barely recognize it, treatment not of much importance.

Bear in mind that, no matter how carefully you may treat the case, some deformity will result in almost every instance - Always tell the patient so when you undertake the case, or they will censure you greatly afterward - No apparatus yet invented accomplishes perfectly the indications - Deformity especially apt to occur when fracture is oblique and near the middle.

fractures of the **Scapula**. **Acromion P.** The scapula is such a movable bone that it is very hard to break it. The acromion is broken by a quick, smart, direct blow. How will we recognize? Weight of arm drags fragment downward. Looks a good deal like a dislocation. The action of the deltoid is interfered with and patient cant carry his elbow outward. If you grasp the elbow-hand in the axilla - push arm upward-outward backward - deformity at once disappears. Trace the acromion with you fingers you come to angular deformity. (When you thrust the arm in the manner just explained, you will gently have crepitus) - Treatment - Indications precisely those of fract. of Clavicle - **Coracoid P.** Exceedingly rare - Only by direct blow - Spent bullet, shot - Sometimes by head of humerus. Some think that the process can be broken by contractions of Coraco B - or Biceps - The patient cant flex the forearm. Perfectly extend the forearm & carry the arm well back - you now put the muscles (C.B. and Biceps) in a state of tension and they will pull the broken process down and you can feel with your fingers - Treatment - By flexing the forearm and bringing humerus well forward apparatus for clavicle answer every purpose - **Neck of Scapula**. Never by direct violence - head of humerus is driven with great force against glenoid cavity and thus breaks the neck of the scapula - falls on shoulder - elbow - The functions of the joint almost perfectly interrupted - Shoulder drops - Thrust the bone up, deformity disappears -

and as you execute this movement will very like, I have crepitus - Apparatus that for fract. Clavicle - indications are precisely similar - Body & Scapula - Exceedingly rare - Mechanical apparatus of no account. Keep arm at rest. Fract. of Humerus - Anatomical Neck - Generally in young persons - falls on elbow - Head of the bone being knocked off falls into the ajilla - the shaft is pulled up by the muscles - limb is consequently shortened - You will see a fissure between the acromion pro- and the tubercles - take hold of the elbow and pull the limb downwards - at the same time put your fingers in the ajilla and push the head of the bone up into place - as you do this very like crepitus - Treatment - Carry the elbow out to obviate the action of the muscles - bolster - compress thrust deeply in the ajilla - bandage elbow to thick bolster - between elbow and side of the chest - Give no support to the elbow - let the weight of the arm oppose the tendency to shortening - Fract. of Surgical Neck - Almost always oblique - upper fragment pulled out lower fragment pulled inwards by pect. m. and lat- d. m. - Tuesday - Recapitulation - Fract. of Neck of Scapula is not easy to diagnose - difficult to treat - You don't feel the head of the bone in the ajilla, as in a dislocation - Shoulder is also full - not flattened as in a dislocat. In injuries about joints don't promise too much - Let me tell you that the best surgical treatment in the world will often be followed by deformity - In treating fract. of Anat. Neck of Humerus - thick compress in the ajilla - abduct the limb, to obviate tendency of muscles

pulling on low fragment. Sub bolster - thick end below bandage elbow to side of the body - to support to the elbow. Surgical Neck - to support to the elbow - thick end of bolster up the arm, to near the place of fracture - to force the low fragment outward - don't put it up far enough to act on the upper fragment - Cap Splint - Below Pect. M. Upper fragment pulled in - low. frag. out, by Deltoid - to diffiently in managing - Cap Splint - Upper part must be bandaged to thorax - Fract. of Lower Extremity of Humerus - Exceedingly difficult to treat - First of Lower Extremity of humerus - Gently an oblique fract. - By Count, stroke - Triceps pulls lower fragment back - looks at first glance exactly like a dislocation - When there is a dislocation the olecranon ascends - fracture on a line with the condyles - Manipulation will soon tell you the nature of the injury - Angular Splint - Compress just above head of the elbow. [Pass over fract. of elbow I until we come to Dislocations]

Fract. of Radius - Neck - Pronation - Supination impaired. Biceps pulls lower fragment forward - Flexion of fore-arm interfered with - Extend the forearm - thereby making tense the biceps - and the deformity increases - diminishes on flexing the forearm. Very important point in diagnosis of fract. of radius is that when you make pronation and supination the head of the bone don't revolve - Chords of periosteum may cause it to turn a little but still nothing like that in the other arm - Crepitus and pain generally accompany pronation and Supin. Below Tuberosity - upper fragment forward by biceps -

After adjusting a fracture or dislocation never be satisfied until you can perform the natural movements of the joint - if there is any sudden checking, rest assured that there is still something wrong - In treating fractures of forearm have the Splints broader than the arm - to protect the margin of the arm from pressure of the bandage - Lower extremity of Radius - 10 times as frequently as any other part of the bone - Hand turns in - Ulna prominent - that is the Lower extremity of it - **Wednesday** - Dec - 11th Clinic - Paronychia Marginal - Only way to cure it is to pull out the nail, and then run a stick of caust. potash along the furrow left by the nail - to destroy vessels which produce the nail - Very painful indeed - Always succeed by this method - Traumatic Stricture - Very bad form - always intractable - Here is Holt's Dilator - now if you can get an instrument of this size - (of H's dilator) into the bladder you can always cure by simple dilatation by slipp-ing the bougie - so you see that these complicated instruments are not of such importance after all. There is a new instrument for treating contractions of Ureter out - exactly on the same principle that slipp-ing cures strictures of urethra - by gently swelling -

Lect. Thursday Dec - 12th Fractures obliquely thro' Lower Extremity of Radius constitute Barton's fracture - Hand turns in - Ulna prominent - Straighten hand - make traction and at the same time turn in opposite direction - Take several strips of muslin differing in size to form graduated compress put on arm - angular Splint - Bandage - Some of the apparatus for treating this

fracture are much neater but this is just as efficient as any - Make the Splint broader than the arm to protect the margins from pressure by the bandage - The radius is nearly always broken by falls on the hand - Ulna - Usually by direct violence - sometimes by falls on the hand - the radius giving way first - then the ulna - As you can trace the bone its whole length and as it is not covered in by any muscles, diagnosis easy - Broad Splints - In these fractures of the forearm never apply a bandage directly to the limb - only use bandage in connection with the Splints. Fract. of Olecranon Process. Patient - from attachment of ligaments - will not lose entirely the power of extension - Flex the arm and you can feel the fissure between the fragments - Sometimes both bones are also dislocated forward - These fractures require very careful management indeed - Straight Splint, from wrist to shoulder - Compress above the upper fragment, to force it down - By all means at the end of 8 days take the Splint off and make gentle exercise every day, to prevent anchylosis - Do this even if bony union have not been accomplished - Ligamentous union will answer every purpose - Fract. of Spinal Column - Atlas - Man falls on the head - momentum equal to weight of the body - force transmitted to the atlas - breaks it and instant death - follows - Axis - Odont. pro - broken - Just. death - Second V. Falls on the head - Instant death - 4th Man will not die instantly - be paralyzed in both extremities - Death before long - 6th or 7th Have known a man to live for 15 days - - Inevitable death - Upper Dorsal - paralyzed in lower extremity - not in upper - Involuntary discharge of faeces - Catheter for bladder. Death will always result - Middle Dorsal - Paral. in Lower extremities - Involv. discharge of faeces - Catheter will have to be used - Very seldom die - How will you treat

these cases? Attend to the bladder - catheter. Please patient on his breast - can help himself better in this situation - principally to avoid bed sores. The soft parts are impaired in vitality - sensation interfered with - extensive bed sores may occur and the patient know nothing of it - for sensation is nearly gone. Mentioned a case in wh- man died from the bed sores alone.

Saturday Dec. 14th Clinique - Case of Concussion of the Brain - Man has been unconscious for several days. Pulse is now 60 - restless. You see, he keeps moving his arms and turning over - this is characteristic of concussion - Now if this were a case of compression he would be profoundly insensible - would be paralyzed on the side opposite to the injury - pupils dilated - [In concussion the pupils either contracted or natural - in this case they are natural -] Symptoms would resemble those of apoplexy - it is truly a traumatic Apoplexy. Stert. breathing - In concussion vomiting very frequent - not often in compression - I have known symptoms of concussion to last for 3 wks - patient altho - apparently entirely unconscious would get up out of bed and attend to wants of nature - After recovery remember nothing of what occurred during the time - perfect blank - In this case before us, there may be some effusion of blood on the brain - can't positively tell. Would be very extraordinary if this patient doesn't recover - He possesses more consciousness now than when I first saw him. Authors are wrong in saying that a frequent pulse is characteristic of concussion - I have seen cases of pure concussion where the pulse was very slow. We can discover no contusion in this case

If the head becomes hot - pulse quick and full - we will bleed. Give this man very simple nourishment - chicken water - keep his head raised - Sometimes concussion and compression both exist at the same time - Gon. Orchitis. When it arises from the sudden checking of the discharge by strong injections, I use warm flaxseed tea - chamomile flowers - as an injection into the urethra - Carefully supporting the testicle - this is of very great importance - Wash testicle whiskey and water - Bat. Lead ℥i - Oj - If you use too strong solutions you will blister - skin of the testicle very thin and sensitive - Give patient R C. Hyd - gr. x - followed by saline aperient - If the testicle becomes very hard and painful Unce Mercury and Tart. Emetic R Chl. Hyd - gr. ½ fraction of a grain of Tart. Emetic - Lod. Blood - If the discharge should return don't attempt to check it - salutary drain - These are the measures for Gon. orchitis when from sudden check of the discharge by strong injections

Monday - In fract. of the Spine when it is impossible to put patient on his head, place black-plasters on him - great watchfulness - Fract. of Ribs. Ribs capable of springing readily when struck - great elasticity - breaks force of the blow - When the pleura is lacerated and emphysema takes place bad case - Ribs are broken in two ways - 1 - By violent Compression (case of a man jammed by a railroad car up against a wall - 3 ribs broken - In these cases the angle will be [swell is as good as any thing for a bandage] - Bandage in this variety of fract. is of some account - just a compress on each side of the fracture - 2. By Direct Blow - Very often the rib is cracked without any depression whatever - In this fract. by direct blow

the angle ___ It has been recommended to use in these cases a sort of bridge to keep the bandage from forcing in the ribs any further. Well I never found much benefit from this. I treat as follows - Patient on his back - rest. The intercostal will gradually pull out the fragments. Keep quiet and they get well without difficulty. Fract. of Sternum. In practice of 50 years have only seen 2 cases. Diagnosis Manipulations. Diff. in respiration. Detect crepitus by stethoscope. The sternum may be broken by strong contract. of rect. muscles. Person falling back. makes strong effort to recover. It is said that the lower fragment may be firmly pushed under the upper overlapping. If the fracture were a compound one you might by means of a spatula attempt to slip it into place. Very little to be done. Bandage. Rest. Ensiform C. may be broken off. Can do nothing. Fract of Pelvis. Ant. Sup. Sp. pr. may be knocked off. Don't bandage. Thighs flexed a little on the pelvis. Have seen 2 cases. Let them alone all do well. Fract. thro. walls of the pelvis. Very serious character. Gently thro' sciatic notch. Incapable of moving without great pain. Can't move lower extrem. most helpless condition imaginable. Bed sores very likely to result. The pelvis inclines to open, from the weight of the thighs. disturbing the fragments. Put very thick wedge shaped bolster under each thigh. Strong wide bandage of twilled muslin. laced in front. around the hips. When fract. is very extensive great fear of fatal inflammation. Use of catheter required. Bloody urine. Must be terrible violence to fract. the pelvis. I

F. of Coccygis - Produce great deal of pain and suffering - Can't walk or sit without great pain - If much displacement insert finger into anus and adjust as well as you can - keep bowels open - Femur - Count, S - or direct violence - Scarcely know who is most frequent - F. of Neck - Most frequent in aged females - falls on great trochanter - transverse oblique - intracapsular - extracapsular - Sometimes on the first day, I have found it extremely difficult to recognize - By about 3rd day, known symptoms will marked - Signs - Can't walk, or raise leg from the bed - perfectly helpless on back - Foot and knee turning out caused by the weight of the foot and knee - Shortening - Measure from the ant. sup. Sp. proc. - to sole of foot - Be careful you don't mistake a sinking of the pelvis for shortening - I Gently an inch - 1/2 shorter - Seize the limb and make traction - restored its natural length - Grasp Gr. troch while an assistant turns the limb out and in and you will feel that the troch. revolves in a smaller arc than on the sound side - In these cases don't pronounce too hastily - It is a general rule with me that when an aged woman has a fall on the hip and is rendered helpless thereby to pronounce a very reserved diagnosis - Presume on it being broken and wait till 3rd day or so - then the signs ought to be well marked -

Tuesday - Fract. of neck of the femur always by count, stroke unless a bullet penetrates the joint and breaks the bone - In falls on trochanter the fract. is by count, stroke - In measuring shortening be careful to have limbs (each) exactly in the same position - This fracture liable to be confounded with dislocation upward and backward - In the dislocation, however, foot almost invariably turns inward - In fracture you can turn the foot in - when

fem let go falls at again - Fract. ~~Do~~ of Pelvis one from occasioned by falls on great trochanter - head driven into acetabulum like a wedge - breaks bones composing acetab - ~~Neglinum~~ Ilium - Ischium Pubis - very often at line of junction -

Impacted Fracture of Femur. Difficult to recognize - Great Troch - less prominent - than natural - limb shortened attitude of the limb perfectly natural - Opinion of many eminent surgeons that nature can't repair a fracture of the neck of femur - intracapsular - by bony union - Join thought that sometimes occurs - very rarely however - the fact is, it is very difficult to tell whether the fracture is entirely intra - capsular or not - Fract of Great Trochanter - Great trochanter - more the limb - crepitus - F. just below Lesser trochanter. Can't flex thigh on pelvis - Psoas and Iliacus pull upper fragment forwd - making tumor in the groin - limb shortened - Flex thigh & make traction - thus bring fragments into apposition -

Fract. Middle of Femur -

Most common - If you put the limbs together the abductor muscles rendered tense and pull fragment out - external angular deformity - The adductor muscles relaxed in this position - In Desault's apparatus when you put limbs together this ext. deformity - from tension of abductor muscles - is caused - have them to make very powerful and painful extension to overcome - In treating this fract. by ant. Splint when you suspend the limb you will notice it at once turns or swings outwards - should do so - to relax abductor muscles. equalize action of abd - and adductor muscles. Lower extremity of Femur - Gastrocnemius muscle - pull condyles down into Popliteal Space - Flex leg to decrease action of gastrocnemius - make traction - Retain angular position. ant. Spl -

Fract. thro. Condyles. Very difficult to treat - External C. broken obliquely off into the joint - [have seen

See Page 13 -

F. of P[illegible] ... Patient desires ... swelling
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nner condyle - altho most prominent - broken off -
eformity almost always result - Give the splint a lateral angle
keep the limb turned in - Sometimes the condyles are broken off
nd then broken thro. - very bad fracture indeed - fragments inclined
separate - patella sink in - Crepitus - Breadth of joint much
creased - Fortunately this fracture rarely occurs - Fracture of
Patella - Causes - Direct violence - Muscular traction -
distinctly enough and make crepitus - Flex the leg and separate
fragments become separated - can put finger between -
Extend the leg - flex thigh on pelvis - Compress above and
elow - ant. Splint - At end of 3 wks - begin to exercise
gradual motion - to prevent anchylosis - See a case
in Clinic - Page 189 -

Wednesday Dec - 18th Case of Concussion (b.r.) - Condition
pretty much the same - Passes water
involuntarily - 4th day copious involuntary evacuation from bowels
Urine natural - Nourishing him with simple diet - In majority of
cases of concussion inflammatory symptoms come on - pulse full and strong - then you must bleed - Different in this
case - no inflam. symptoms - Here is a femur fractured near
the condyles - In a fracture (as in this case) the fragments will
often remain in the position into which they were driven by the violence
- Now, in this case the upper fragment was driven back and
remained - pressing on popliteal artery - The bone was broken
by a fence rail - The physician, in accordance with a bad precept
in Surgery waited for the inflammation to subside before he
attempted to reduce the fracture - before reduction was set about
from interference with the artery - mortification came on and I amputated -
Seems error not to attempt the adjustment of fragments until inflammation
subsided - If you leave fragments in their unnatural position certain to do
mischief - You
In case of concussion we can't do much - have to
aid nature - trust to her efforts - Still think the man will get well.
Varicose Veins - (b.r.) - Nature has obliterated saphena v. in one leg -
we have done the same thing in the other by twisted suture. Suppose the
inflammation had resulted in suppuration? most disastrous result
Phlegmasia now called Thrombus - Our patient now leaves the house -
best plan a well applied bandage for some time yet - If he
can't afford it simply will do more harm than good - Elastic stockings
very good as long as they last - soon lose their elasticity - very expensive -
Traumatic Stricture (b.r.) - In this case you saw at first that we
could not pass an instrument - Well we used slippery elm bougie - next
a little further - so on until now No. 2 passes without any difficulty -
when walking issues - even if only drop by drop - must of course
have a passage - very different to track it out - I don't like these
cutting instruments for stricture - cutting cicatrix will give you
trouble - by it contracting - The use of slippery elm b. in my
opinion, far better than any cutting inst. or Holt's dilator -
we take a stricture like the one before us - even if we succeed
in passing the largest bougie - No. 12 - if neglected afterwards

14 will give trouble - almost certain to recur. Therefore impress on the patient the necessity of using bougie about twice a week - keep it in for a few minutes. Nitr. Silver does good in stricture not by eating away any thing but rather by supplanting diseased action - overcomes chronic inflam - Caustic Potash - leaves a very intractable cicatrix - Very dangerous indeed to employ. Don't believe in the use of caustics in stricture. Necrosis of Rib - (b.r.) Probe doesn't move dead bone in slightest degree. I have observed that sequestrum very long in separating from a rib. In a case of Hydrocele the other day I used strong solution of Sulphate Zinc (in my opinion best) as injection - didn't excite sufficient degree of inflam - Opened again and used tent - have never known tent to fail. Lecture Dec. 19th F. of Fibula

Apt to broken in following manner - Man falls and foot is twisted outward - breaking bone above outer mall. This fract. often complicated with dislocation. Signs - the foot is turned out - very characteristic indeed Inner mall - prominent. You put an angle - receding - bone is pressing on soft parts. Seize the foot and turn it inward - deformity disappears. Let go - take away support of your hands - deformity at once appears. When you turn the foot pain greatly abates. This fracture is [illegible] badly treated - foot remains turned out - deformed for life - great reproach to the surgeon. Seize the foot - turn it inward - deformity and pain disappear - Now all you want is an apparatus to do the same thing - Dupuy is noted - Splint reaching to knee - projecting beyond the foot - Bandage tied to the splint - Thick pad - Stern foot to the splint - Starch apparatus - Important that an assistant should turn the foot very strongly in - then apply the apparatus - Very good way - Sometime the fracture is higher up - Gently by direct violence - Owing to [illegible] volume of soft parts - forming a cushion - require pretty severe blow to break fibula - Good deal of contusion - Sometimes very difficult to make the fracture out. Take the foot and turn it rapidly in and out, patient complains of pain at one point - very like crepitus - Not much to be done. Lay on a pillow - Do not apply any thing Starch apparatus - Fract. of Head of Fibula. No particular necessity for any mechanical apparatus - Rest important at first - Tibia - Have seen very few cases of fr. fibula - Falls on feet - fibula at same time gently gives way - Fract. of tibia, independent When tibia alone is broken by no means an easy thing to diagnose. The form of the limb is still retained - Can't manipulate to make crepitus - Mentioned a case - old Lady - I put her foot on my hand and let the whole weight of the limb rest on it - at once a depression - put my hand above the supposed place of fracture and took support away from the heel - at once a prominence - by alternating these means motion was evident - Starched apparatus as good as any thing

Fr. Both Bones - Most common - Comm. Sit - very common way - Person leaps from a carriage - tibia first - gives way - then fibula - Most common situation about 2 hands breadth above mall -

the foot, being heavy, sinks - makes angular deformity - Flex the
leg - make traction - deformity disappears - You want something that
will make gentle traction - support the foot - Ant - Splint -
Fract. of bones of the Foot - Astragalus - may be broken thro' the neck and
often broken laterally - 3 pieces - Ankle very broad - After few hours sw-
ling very difficult to recognize - proceed by exclusion - Inner Mall - L
Post - Na. 2 Os calcis 2 Might find it expedient to make gentle traction -
Os calcis - breath protected by heel of boot - Very rarely fractured - Finds - A-
mullo fragment use - Flex the leg and relax m. put in Ant - Splint -
Adhesive strap around heel - attached to wire Splint - B. of Jaccals
Crushing Violence - Sole of a shoe makes a good splint - Meta-
tarsus - Very rarely - (Metacarpal - Frequently) I have seen many
cases of fract. of metacarpal b. - gently by hitting some hard
headed person - almost always the metacarpo-finger of the ring finger -

Saturday - Dec. 21st - Syphilis - Symptoms of secondary and tertiary
combined - Mercury has been used extensively in this case - very inappropriate in this case now - It has been more salivated -
I never desire to perfectly salivate in any form of syphilis - Some persons
are extremely unacceptable of the action of mercury - I knew a lady purposely salivated
from merely rubbing mercurial ointment on the lid, for a tumor - Bromide
of Potassium is of great value in nervous pert - Concussion of the
brain (C. B.) - To great extent recovered - Not altogether recovered his
consciousness - We have done very little in this case - Nature has accomplished
the cure - Traumatic Stricture (C. B.) - In this case we at first got the
point of Skip. B. bougie into the stricture - dilated anteriorly part - next day
advanced further and so on - In making the Skip. B. bougie cut the
eye with the grain - less danger of breaking off - first cut it - round it
with sand paper - dip in water - don't allow to stay in water too long -
for it will swell before you introduce - dip it in oil - introduce -
will be twice its size - Case of old compound fracture - wound healed -
- converted into simple fracture - as this is an old case and no danger of
swelling apply bandage directly to the limb - Starch Apparatus - [2 pieces
stiff pasteboard - Dip them in water - Smear with starch - wrap with
bandage - apply to the limb - Lower part of each overlap under the foot
apply bandage - In cases of simple fr. of the leg nothing better - When you
get an immovable Starch app. stand the bandage -

Fractures of **FACE** - Fr. Bones of Nose - Always great contusion - hemorrhage -
the patient breathes with difficulty - Flow of blood from the
nostrils - Manipulate and very like crepitus - Important to adjust the fragments
as well as you can - Insert some flat substance and endeavor to elevate as
far as you can - Don't put anything into the nostril to keep the fragments elevated -
Let it alone - Don't think any thing is to be accomplished by this -
Malar B. - Have seen it broken in 2 instances - Case. Fracture with
depression - disfigured the cheek - fragments firmly impacted - My opinion
was it was not justifiable to cut down and elevate - would have caused
compound fr. - and my efforts to elevate it my like would have destroyed
articular connections of the bone - Necrosis - Therefore let it alone - man
did well with but little deformity - Zygomatic Arch - Keep jaw at rest -
Fr. Maxillary - Have seen the bones of the face nose & crepitating frag-
ments - patients got well with surprisingly small amount of deformity -

10 Owing to the great vascularity of the face Nature repairs these injuries of the face in a remarkable manner - often surprising what injuries she overcomes. Adjust the fragments as well as you can - If the palate bones are broken and sup- max- recede look for finger into back of the mouth and endeavor to pull forward - Lint dressings - Might put a bandage around lower jaw to make act as a splint -

Lower Jaw: Upper Jaw to be used as a splint. Sometimes very useful to put a piece of cork between the teeth - One fragment descends too much - other apt to go up - Writers in telling you to wire the teeth forget that the teeth in the vicinity of the fracture are nearly always loosened - wire pulls on them will then draw them out - There is a comminuted fracture of the chin - person falls on the chin knocks out a piece - narrow in front - broad behind - caused by the direction of the force - The two sharp margins in front come together - forming a very sharp prominence - the cleft of fissel recedes - It is very difficult to keep this piece in position - Take thin plate of silver make holes in it and wire the teeth of lower jaw to it - Keep patient's head forward, to relax the muscles - To do this - bandage around the head & another around the chest - Straps from one to the other - Don't allow the patient to masticate - Liquid nourishment - Fr. neck of Lower Jaw - Put fr. hand on both Condyles - direct the patient to open and shut his mouth - Condyle on the broken side doesn't move - Bandage Jaw against upper.

Application of Apparatus Fr. Clavicle

Fr. You want to furnish something to keep the shoulder upward - outward backward I like roller better than wedge shaped pad - Made roller out of 2 towels - Tuck as far up into axilla as you can - Bandage below this roller - This forces the head of the bone out - The roller being the fulcrum - Then apply bandage around fore arm - up over opposite shoulder - Sling for the hand - While you are applying the apparatus an assistant should always press the head of the bone upward and backward - Don't think Fr. is apparent as Fr. of this simple one - Same apparatus for fr. acromion pro- unk of Scapula.

Anatomical Neck of Humerus - Make traction - put fr. fingers deep into axilla and push the head of the bone up - Deformity disappears - Roll in the axilla - Arm out from the body to relax the abductor muscles - Circular bandage to confine arm to thorax - Splints of no account for you can't command the upper fragment by them - No support to the elbow for the arm already inclines to shorten - Roll - Abduction of arm - humerus supported by the circular bandage - accomplish all you can do

Surgical Fr. of Humerus - Splints of use - Roll in the axilla - Circular bandage

Scapula Cap Splint - The roll doesn't go up high enough to increase the outward tilt of the upper fragment - it is impossible to force it up far enough in the axilla to do this - Important to carry the bandage - confining the cap splint to the arm - the chest - axilla of opposite side - then to the shoulder of injured side - then to act on the upper fragment - This cap splint - with an inner splint - will do for fractures about the middle of the humerus - Fr. of Humerus just above the condyles - Put fr. hand in the bend of elbow - enclose the hand and wrist

ction - deformity disappears - Angular Splint - firm compress in front
l fracture abut elbow, angular splint. Fr. Olecranon. Long splint
front to keep the arm extended - Better to keep recumbent for
e for a little time - the arm abducted from the body -
amentous union gently - because of our efforts to prevent anchylosis -
ou may, if you please put a small compress over upper fragment
to force it down - Fr. Radius - Head - forearm flexed - Lower extremity -
Radius - End of ulna prominent. The characteristic deformity of the fract-
ment on being able to make either crepitus or false motion - Turn the
and strongly down - this tilts the lower fragment, wh. inclines to fall in
ward - Put on a pistol shaped splint. Fr. Both Bones -
agments incline to fall inward - Press with yr. fingers and thumb
tween the bones - to force them outward - 2 Broad Splints - to keep
m making any pressure on the margins of the forearm -

Saturday - Jan - 4th - Pydemia - Very serious case - Large abscess on the leg - Small openings in it - to keep out the air -
. Ferri Mur. gtt. xxx every 6 hours - Purgative - Rhenn - disturbs intestinal
unctions less than any other - Well sustained - Beef tea -
wo cases of Burn from steam - Superficial - Linseed oil and lime
ater - Linseed at more adhesive than any other - Lime water
ightly astringent - Case of Concussion (Br.) - Man walked in -
early well - says his head feels a little dull - hurts him when
e shakes it - Soon be entirely well - Abscess resulting from inflam-
ation of femoral glands, caused by an irritable ulcer of the toe -
Hydrocele - Notwithstanding we inserted a tent before, the sac
has again filled up - Very remarkable - Let out the serum
and again inserted a tent. Here is a case of carcinoma of the
scrotum - has been mistaken for piles - feels like a cauliflower -
lear case - Utterly irremediable -
affections of one eye the other from the intimate nervous connection
very likely indeed to become affected -

Monday Jan 6th '68

Dislocations - Capsular lig. of the shoulder joint a little less than the synovial membrane. Evidences of dislocation. Functions the joint interrupted. Difference in length - Gently shorter. Pain
uch more than in fracture - Judge - to some extent - by exclusion.
e olecranon pro. is a little above a line drawn from one condyle to the
er. Always enquire whether the joint has been natural before the
ccent injury - Rule is to attempt immediate reduction of a
located joint. No surgeons doubt this in dislocation - whatever they
o in fractures - I prefer attaching extending bands to the ankle in
g of hip - not to the knee as some surgeons do. Since the introduction of
rsion I don't think pulleys are even necessary - Make traction
the direction in wh the limb presents - Traction to overcome
ntraction of the muscles - Manipulations - Movement counter to
e wh has been exerted by the accidental violence -
All - Repetition of page 79 - After reducing patient must

Keep jaw at rest - masticate nothing hard - Bitter bran

Clavicle Forward - Extension and counter-extension as in dis
Cold shoulder - After apparatus for fracture of clavi
Backward - Dis - of outer extremity of clavicle - Result of violent
blow on the shoulder - Often mistaken for dis. of the shoulder - Rep
restoration of the clavicle to the scapula is impossible - Head of the
bone will always spring up in a degree. Clav. apparatus -

Shoulder Joint - Muscles form a contractile capsule fo
the joint - Supra - Infra spinat - Teres mi
Weakest at inferior part -

Wednesday - Jan. 8th - Epithelioma on back of hand (B.r.) - The
have become elevated - Sliced away the diseased
surface by knife - You remember we used caust. potash in this ca
Cases of Burn from Steam (Bon) - Doing well - We soothed pain by opium
Pain may become itself a cause of irritation. It has been said that sy
chancre is not followed by constitutional symptoms - if this be so very
then it is not syphilis - I don't believe it, however. Here is a ca
in wh. Dr Butler amputated - middle of leg - double flap more appro
in this situation than in any other - Near the ankle I prefer
circular - The nearer you approach the knee joint the greater the
danger to the patient's life - Necrosis of Rib (B.r.) - Dead bone
firmly fixed - Exfoliation of dead rib always very tedious indeed - don't
know why - Use in this case gtt. iii - iv - Muriatic acid - ℥ss water
to effect the solution of the dead bone - Pyaemia - Very bad case
indeed Fr. ferri Mur. gtt. xx - 4 hours

Lect - Jan - 68 - Dislocat. Shoulder Joint - continued - Very ofte
fractures - The bones don't fit as deeply into each other as in the acetabu
No capsule of any strength - Joint well fortified above - but not below -
Four kinds of Dislocat. of Shoulder - 1st Down into axilla - 2d Forward - 3d Backw
Subluxation - 1st - most common - 2d Down into the axilla - Can't happen b
falls on the end of elbow - but suppose fell on inner side of the elbow driving a
against side of head - muscles relaxed at first - capsule torn - muscles below contr
and pull head of the bone into the axilla - the bone being prized out of Glenoi
cavity - 2nd Forward - 3d Downm & Scapula - Symptoms of Down into ax
Head of the bone out of its natural place - depression under the acromion
rotundity of shoulder gone - very flat - thrust yr. fingers into the axilla and fe
full head of the bone - can feel it roll on rotating the arm - Patient inclines to th
injured side - arm and elbow abducted from the body - Can distinguish from fr. analogo
Humerus in following way - in fracture we have the depression, but ales here
tubercles prominent - can discover crepitus - Fr. of neck of Scapula - Can't
full head of the bone in axilla - Natural fulness of shoulder still remai
Dislocation forward - Natural fulness of shoulder still remai
tumor along side coracoid proc - consecutive dislocation - manifest -
elbow carried backwards - Dis - back on dorsum of scapula - Arm shor
to some extent - tumor size of half an orange on dorsum of scapula
under acromion proc there is a depression - Elbow carried a
forward - Reduction of Dis. downwards - The bone is dislocated by
leverage and cramp b

rt of the muscles - In these cases give chloroform - the shoulders are
nected and if you support one you do the other - To support the opposite
emity - Dr Smith carries the band under the axilla and bandages it firmly to
wrist of uninjured side - Extension - from the wrist - more leverage - put
et band around the wrist - band around that - 2 assistant make traction -
y kneel if patient is sitting - Gradual effort - not sudden - the head
the bone will be carried up by efforts of the muscles - audible sound, slip
place - Often have to put knee in the axilla - Not uncommon for Dis-
Shoulder to occur in epilepsy - muscles are then acting very irregularly -
Back - very rare - steady traction - After reducing a dislocation always put
e in axilla - appa- fr. clavicle -

Saturday - Jan. 11th Hydremia [Ed. Dr.] Bad case - Broths - chick - broth - Milk
one of the best diuretics we have] Punch - Limbs & abdomen edematous [Acet. Potass
the tent failed - must have been two cauterized - Left the second tent in 36 hrs -
this - old case - pupil dilated - When lymph begins to be deposited around the
pil - use Mercury at once - touch the gums - blue pill - Belladonna - [Atropine]
ally - Old case of fracture - Man left the house - Came back with deformity -
eg] - exerted my whole strength on the limb - felt the callus give - put it again
ant - obl - dont discontinue your mechan - support in fractures too
y - Phymosis - Best plan of all is to insert a director - push it well
- for as it will go (common mistake for young surgeons not to divide
the tongue) run a sharp pointed bistoury up - Benefit - cut out -
necessity for any sutures - dry lint only dressing - any inflammation
se wet dressing - Sometimes in children the prepuce can't be drawn
ward - Paraphymosis - constriction of the glans - very bad appearance
ecented - Chalk fr. fingers - also put chalk on skin - anoint the
ans with some simple ointment - make steady pressure on
glans - at the same time pulling skin forward - 9 cases out of
will succeed - Better give chloroform, for it is very painful -
thelioma of the hand (Br. R.) - Surface covered healthy gra-
lating - Dress simple cerate -
nday - Dislocations of the Elbow. Most common, both bones
kward - Dis- Radius forward - Seize the wrist - assistant both hands [illegible]
arm above the elbow - flex - at the same time reverse the position of
hand - supinate - In this dis. the hand is pronated - Radius backward -
this dislocat strange to say, the hand is also pronated - Never be
tisfied in these injuries of the elbow after you think you have
uced until you can make flexion and extension - any sudden
king, depend upon it everything is not right - Dis. of Ulna
both bones backward - most common in boys - Patient can't flex -
can you do it - In fracture of humerus above condyles put fr. hand in the
d of elbow - make traction - flex - deformity disappears - let go it
ll return - besides you can flex and extend the forearm - with
ain to the patient but still you can do it - In dislocation the
coronoid fos: for above a line drawn from one condyle to the other -
educe this dislocation make gentle continued traction and then flex the
rm - other hand above head of Ulna - or if muscular subject you can
e a band around the arm above elbow - and attach it to something fixed
d flex, when you take the wrist to make traction to rock or shuffle it
nt - in order to disengage the bones - flex forcibly - In almost every
location about the elbow this same movement of traction and flexion will

be entirely successful - In dis. of elbow chloroform does
accomplish anything take the food it does in dis. of shou
the muscles are not so much concerned - the prominences of th
joint offer the most difficulty - Complicated dislocations - mos
common for dis - about the elbow to be complicated with fracture - th
to be simple - fr. olecranon dis. of both bones backward - Dis. ulna
backward, fract - outer condyle - In dislocations about the wrist fra
can't procure nor estimate - that is of lower extremity of radius
ulna) - In fractures Syme can -
Dis. of Wrist - Forward or Backward - Counter extension from
the elbow - arm flexed - make traction - Reverse position of the hand - The mus
ment of mechanical means after reduction is seen of more importance
than in fractures about the wrist - for in these dislocat the appearan
the joint is well broken up - Sometimes the joint remains weak a
painful for months and even years after the accident -
Dis of Thumb - Sometimes exceedingly difficult to reduce - Take hold of
thumb - pull it well back - increasing the distortion - thumb form
Dis of Ulnar - Rarely occurs - haven't seen a case for 6 years -
2 dis. back - 2 forward - 1 - directly upward - 1 directly upward - below
ant. supr spin. pro - have never seen - Immense tumor - limb shor
about 3 inches - position of limb nearly natural - 2. 16p and back o
dorsum of ilium - Recognized without much difficulty - Limb shorten
2 - 2½ inches - Toe on instep of other foot - Extreme rigidity - Can't
pull the limb down and make as long as the other, as in fracture of th
neck. 3rd Back into Ischiatic notch. More difficult to recognize th
the 2nd 4th forward on os pubis - Consecutive dislocation - first down
into thyroid hole - Limb longer than the
other - Reduction of Dis. of Femur - Use of chloroform very important - can
far enough to relax completely - 1st Directly upward - abduction - Band
thro' perineum - up over shoulder - for counter extension - Apply splint
bands to the ankle - make steady traction - in the direction in which
find the limb presenting - then at the same time abduct the limb
2nd 16p on dorsum of Ilium - Same counter extension as in the last -
steady traction - from the toe out - abduct the limb at the same time
sometimes carry a firm band over the trochanter - attach to something
fixed - abduction more powerful - 3rd Back into Sciatic notch -
flex thigh on pelvis - traction - abduction -

Wednesday - Chancre - Just at the meatus - Very apt to cause
trouble - the most obstinate kind - Bear in mind that injections in gonorrhea
never to be used until the acute symptoms have subsided -
Case of Bad Burn of both hands - Roller in each hand - Gradual
increase in size - bad case - one hand skin altogether destroyed
on the back part - Would it do to let anchylosis occur with fin
in skin - flexed position - better to be extended -
Some time ago a gentleman suffered an amputation of the thigh -
Necrosis took place - after a little when this trouble was o

gan to suffer paroxysms of pain – couldn't sleep at night for it
eral health began to suffer – Now there are two conditions of the
ves after amputation – 1st Neuralgic 2nd fibrous tumor or the
e or neuroma – In the first condition no operation will be of any
se' – do no good whatever – In this case, there was a neuroma – the
ment I moved it about most agonizing pain – Spasm of pain –
gnd Ext. Popliteal both concerned in production of the tumor – I removed
patient after had neuralgic pains – I welcome with Arsenic – Iron
es no pain whatever – Thymosis – operated for at one last
ance – being very distensible – greatly swollen – of no moment –

reat Rhei gr X – Calomel gr. vi

Dislocations Continued 4th Dislocation into Thyroid Hole.

fraction not of as much importance as in other
is. of the femur – put a band around the thigh and fasten to some fixed
ject – then adduct the limb – Put a band also around the pelvis and secure
ject – The movement is – turn the toe in – throw the limb in against
ody – The movement in my hands that the head of the bone slipt or
other – It once happened in my hands that the head of the bone slipt or
ded all around the acetabulum – becoming dis – upward and backward –
Dis – Body of Os Pubis. Steady – Long – continued traction, until you feel the
ad of the bone drawn down into Thyroid foramen then forced as in other
dislocation. Knee Joint. Counter – extension as in Dis – femur – that
Steady traction. Push it into place –
ere is an incomplete dis – of the knee – Had a case when I flexed when bent
to place – extended slipped out of place – kept it flexed – Dis – Patella.
er thigh on pelvis – extend leg on thigh – put heel of patient on gr. shoulder –
en manipulate – Ankle Joint – Simple dislocation rare –
is – of Astragalus – Rare – Have removed in 2 cases –

Saturday – Jan – 18th 1st Strabismus Convergens – Almost always
result of some defect in vision – turns weak
eye inward instinctively to avoid using it – When you
ose the sound eye you observe the other eye assumes its natural position
abismus almost always comes on about 4 – 5 – or 6th year – Sometimes 2 children
en children mocking each other – wearing piece of court plaster on the nose
When it is slight you can sometimes cure by closing up the sound eye
d compelling child to use the affected one – Prof. S. operated in this case
(after raising by forceps). then blunt
ost snip up the conjunctiva – cut it – Sometimes after operating the eye will
rk to nasal the tendon – cut it – Sometimes after operating the eye will
n preternaturally outward – has happened in my hands in two cases –
rse than if I had let them alone – Eye will sometimes also become
prominent – Prof. Smith advised – after operating, that the sound eye be
up – to compel use of other one – I must tell you that generally
at 8 or 10 days after the operation a little red ball is seen in the eye –
arms the patient – will drop off however – granulations of cicatrix –
ittrel coma – Healthy granulations springing up – Hydrocele (V. r.)
ing well – Phymosis (V. r.) Good deal of swelling – all to be absorbed
away however – Sometimes we operate
n chancre concealed – have to be cautious however – for the cut
faces coming in contact with the prepuce – very apt take on the
action of syphilis – Monday – Reduction of Dislocations – Always attack the
– Shoulder. Important to fix the scapula firmly – hands by "clove hitch"
ing in axilla of injured side – carried around – Band around chest
injured side by the wrist – few turns of a bandage – this band fixed

firmly to the wall - this is the counter-extension - attach band to the wrist - first wet circular bandage - to prevent chafing - Steady traction - Then put knee in the axilla and thrust head of bone up - (Roll in the axilla, to press directly on head of bone, very good thing) - Sometimes, to prevent scapula flying up, I put a Sling bandage over top of the shoulder and under the chair - When you use chloroform I am not sure but what it is best to place the patient in the position - Then carry band under the shoulder, [illegible] to pull head of the bone up - You then want something to prevent ~~Head of the bone~~ the shoulder from slipping up - put band over shoulder and attach firmly - Then you take hold of the wrist and make steady traction - then carry the arm down - - Dis- Hip - Counter-extending band - thro' perineum - up over Shoulder - attach firmly - Extending bands to the ankle - slip if put on Knee - Chloroform - to relaxation - 12 up & back on dorsum ilium - you put out abduct - Good thing band over back-way - ~~Thyroid Foramen~~ - band around the hip - you take in - adduct - Another band around upper part of thigh - Traction really unnecessary - sometimes have to use it however, to disengage head of the bone - 3rd Body of Pubis - Secondary dislocation - 12 traction to pull it down into thyroid foramen - then as in that dislocation

Jan - 20th '68 - **End of Fractures and Dislocations.**

Wednesday. Jan 22 Second-Syph - Iod-Potass and Syr. Ferri Iod. —

Stump may first present proper appearance - waste of muscles - become conical - no fault of the operator - Fistula in ano - Rarely results from Hemorrhoids - Complete - Operated - Packed with lint - Fissure of the Anus - often mistaken for hemorrhoids - you see nothing at first glance - on searching carefully you discover a little hemorrhoid (often unperceived) regarded as cause of the whole trouble) - in close proximity to the fissure - insert fore finger and patient complains of intense pain - on spreading (left anus) you find a fissure in one of the folds of the rectum - There is extreme irritability and tension of the Sphincter - Ani - Intense pain during and for some time after an operation - There is no operation in surgery more successful than the one for fissure of the anus - Insert finger - probe pointed bistoury - cut into the fissure - deeply enough to divide superficial Sphincter - Insert lint after operating Secondary Syphilis - Has never been salivated - Plummer's Pill

Each pill contains - P.C.H - gr 2/3 - Ung. Hyd. Ant - fort. ifo - Gum G - gr iij - gr vij.

Saturday Jan 25 Tertiary Syphilis - Iod - Potass - Complains of pain in wrist joint.

Fist-in-Ano (C.V.) - doing well - Passage of wind - feces thro' the external opening makes it certain that an internal opening exists - Keep well cleaned - Second-Syph - Mercury never been used - Give it - Also Bi Chl. as a wash - Nitric Acid & Glycerine wash - We don't now restrict the diet of the patient in employing mercury (Formerly was the custom - must at least once a day - Epithelioma of Hand - (C.V.)

Granulations look healthy -

I have used the following pill as a tonic with very good results -

℞ Vallet's Mass - ℈ii
Iuinid Sulph. ℥ii
Pulv. Nucis Vom - ℥ij
Ft pil 60 -
If bowels are torpid add small quantity of aloes - ℥i to the (60 p -) - One 3 times a day - excellent in dyspepsia -

Concussion of the Brain (6 r.) Is not yet well - He will, very probably, have pain and vertigo for 5 or 6 mo - to come -
Phymosis Swelling nearly all gone

Saturday - Feb - 1 - 68 - Case in my office of aneurism of the aorta - Cartilages of the ribs absorbed away from the pressure - Had been - from the pain - mistaken by Physician for Rheumatism - No operation - Recommended that he be kept strictly in recumbent posture - might sit up in chair very now and then - Simple diet - Put him on Digitalis - Just smoke to depress the circulation - I will take blood from the arm also -
Stat. And - (6 r.) - doing well - Hard chancre - Plummer's Pill - Intractable case of Gonorrhea - Bougie with mercurial Oint introduced twice a day - Cubebs and Buchu - Carb. Iron - ℥ij each - Teaspoonful dose - Very good combination - Necrosis of Rib - (6 r.) Same condition of things -

Wednesday - Feb - 5 - Excision of the Tonsils - I have performed more than any other operation - Very common (Cheyne - of the tonsils) - in this State - particularly about Westminster - I have only had 2 cases of hemorrhage - operated on by Pitts - Silver - other by Rosenstein Penn - only severed owing to hemorrhagic diathesis - When you use the instrument there is no - no danger of hemorrhage ⊜ - But when the surgeon uses the forceps and drags the tonsil out - great danger - for you pull out the base of it - may wound int - carotid - - After operating I direct Sample of very strong green tea - Suppose you have a child to be operated on - Very like what open its mouth - clenches the teeth - obstinately refuses - Well - take hold of its nose - then obliged to open the mouth - to breathe - Slide the instrument over the tongue - when you touch the pharynx - with the instrument - Gagging effort takes place - open mouth freely - Removal of the tonsil doesn't affect the voice - Fr. Observance - Fall - Straight Splint - Must, at end of 8 or 10 days, practise motion - even at risk of preventing bony union - In Diphtheria - Oftener - Great reliance of Dr. Penn Gibbon - First - Apply the undiluted then ℥i - ℥ij - Sepia - Lately had a case of Scarlet Fever - I had removed by Lithotomy - a large stone - not before - succeeded in crushing - Epithel of Hand - Examining too exuberant - Nitr - Silver gr v - ℥i

Saturday - Feb - 8th - Coxalgia - Child about 2 yrs. old - Mother says the knee is diseased - I can make motion at the knee, without the child complaining - Limb is drawn up - true characteristic - Condition to trouble is that the child is so young that the application of the apparatus will be difficult - In this disease the muscles pull the head of the bone with preternatural force up against the acetabulum - Dr Davis of N. Y. has invented an apparatus to keep up continual extension to pull the head of the bone down - In this case will apply Gibson's 2 inches ago

24 Syr ferri Jod- ftt Vm 3 times day. Keep child in supine position as much as possible. Very difficult case to treat.

Wednesday - Feb. 12th Adipose Sarcoma or back of the neck - Very common in females on the shoulder - just where the seam of the dress lies - these tumors are scarcely ever strongly attached - when in the arm near the deltoid very apt to be pretty firmly adherent - In removing make a free incision, the full length of the tumor with one stroke of the knife. The only circumstance to be attended to, is to distinguish the fat of the tumor from the fat of the surrounding cell-tissue. When these tumors are situated about the nates they become pendulous from their weight - look exactly like Bull's scrotum (they have a small neck) - sometimes situated on the forehead - These tumors are encysted - Removed - Wire sword on one artery -

Old G. Shot wound - Discharges - must be from some foreign substance - probed - discover no bone - may be some portions of dress - Wont lay it open - not advisable.

Cicatrix of the eye - Boy 8 yrs. ago burnt eye quick lime - Wont attempt the removal - all tunics are involved in the cicatrix.

Burn - Some time ago, scalded head - one eye involved - Slough of the cornea - removed, with scissors, projecting portion of cornea - bad affair.

Saturday - Feb. 15th Absent

Wednesday - Feb. 19th - Varicocele - Place him on his back, the veins empty themselves - everything disappears - application of Cold Suspensory - In removing foreign bodies from the ear - First syringe well with water - a good plan to bend a probe - set it behind the substance - quick movement pull it out. always stream of water to be tried first - If there is accumulation of hardened wax put little Bi Carb. Potass in water - Here is a case in wh. my son performed laryngotomy - for diseased condition of the clothes - adhesions - pulpish vegetations - very difficult to treat - Operation July 22nd - Man has tube in his larynx - thro' wh. he breathes. Hydro-varicocele - Let the fluid out with a Lancet. Recumbent posture - Wet applications - Acet. Lead - after a little Blue mass for the hard swelling -

In case of wax in the ear remember when you remove it you have not done everything and the patient is not well for the diseased condition that produced the wax still remains

Wednesday - Feb. 26th Slow Chronic Inflam. of the Eye - Can't see to read - Iris rigidly fixed. following instrument behind the ear - Wash. Astacci - Ol. Jecoris - Iod. & metic Ft ung.

Lately had a case of strangulated Inguinal hernia - Powerful, muscular man - Symptoms of extreme strangulation - vomiting of stercorac. matter had not yet occurred - Numerous attempts had been made by physicians to reduce - had been put under chloroform and many had tried - I put him well under the influence of chloroform - turned the person over on the other side - to relax abdom. walls - still could not reduce - I then carried

ay up - forced it almost on walls of chest - reduced, then, without
fficulty - in this way for ~~[illegible]~~ relax the walls of abdomen -
y much as feasible
Mineral Water on Glass Pans - Paint carefully with Bi Chl - Hydr -
ecrets of the Rib - (C. T.) Bone appears to be crumbling away - Intro -
duce forceps and removed some small pieces -

aturday - Feb - 29th '68 - Re operating for cataract, I only
use Belladonna, when the pupil is preternaturally contracted -
Foot Bill - Mortification of Rt of the feet - In this case we will
rust to nature - She will separate the dead from the living parts -

End of Session 1867 to '68 -

"When called to a case of fracture be satisfied
with the ordinary signs of the injury - Do not
Catch hold of the limb and manipulate
as many do, for this breaks up the
fibrin clot - what shreds of it may
still connect the pagment ends" Bf. N.R.S.

Dislocation of the Shoulder is very rare indeed in young
persons - Bend the outer end of catheter down -
2 advantages - more flexible into the vesicle more readily -
and you can tell in what direction the point of the catheter
is, when in the bladder - It occasionally happens that the callus
thrown around a sequestrum elongates the limb -
When on back of neck - Case - Gangrene - cut from within outwards -
open press out the contents - dissect out of the sac - sometimes
destroy by caustic potass -

a cannot
to tell
may be
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169 -
called
tents
n it, the
ing off a
then take
very
e pulsating
new surface
ranging

Tinea Capitis -

℞ Ungt. Cetacei ℥ij.
Picis Liquid. ℥ss.
Hydrarg. Ox. Rub. ℥ss.
M.

R. S.

Prefer Cupri Sulph - as a collyrium to Argent. Nitr - the latter very apt to stain the eye -

In operating for strangulated hernia have often cut away portions of the omentum without any serious results - Milk diet very apt to constipate:

Case of Epulis - Removed by the knife - not necessary in this case to use the actual cautery -

Railroad Injury - Foot crushed - Amputation - Saw right thro' the bones - But little hemorrhage.

Case of Obstruction of the Urethra - Man fell on the perineum - Prof. S - couldn't pass any instrument - "You see a pretty free flow of blood from the urethra - I have used no force - this blood is owing to the great vascularity of the part." Man passes his urine drop by drop - As no necessity, so far, of any cutting operation -

On the next clinic day Prof. S - still couldn't pass no instrument - tried various sizes - no success - this time used chloroform - abscess resulted - was opened - urine passes from the wound - patient also passes water thro' natural channel - Prof. S - again tried gum catheter - couldn't pass - succeeded with a silver instrument - tied the latter in the urethra - man passes water both thro' the wound and urethra -

As a general rule, don't apply a truss if the hernia cannot be returned. Never trust to what the attendants tell you, in troubles about the bladder. The bladder may be greatly distended and some water may dribble away - the attendants being thus deceived will tell you that "he passes his water all right" - "wets every thing around him". Examine and you find the bladder excessively full; - have known eminent Surgeons deceived.

Secondary Hemorrhage apt to result from chloroform - full reaction will not take place for 2-3-4 hrs - after operation. Clinique Feb. 13/69.

Ranula under the tongue. Inserted a tenaculum - pulled out the tumor - clipped a piece of it off - contents similar to the white of an egg. If you merely open it, the tumor will certainly fill again. This plan - clipping off a piece - almost always succeeds - If it fail, I then take a piece of caustic potash; touch the inner surface very quickly. Green tea very good mouth wash after ligation; gentle styptic. Ranula sometimes forms on inner surface of the lips. Case of Keloid tumor. Two tumors hanging from the ears - removed both.

Feb - 1869

Prof. Chisholm

Concussion - Pupils either dilated or contracted
Laceration of the brain not incompatible with life
Don't bleed in concussion - Lay patient down - head
a little lower than rest of body - Pour cold water in to face
Vomiting throws an additional supply of blood to the brain -
advantageous - Brandy and water is a dangerous prescription
Nature is the very best restorative - Watch the pulse - When the pulse
& flags and you see Nature is losing ground, then use stimulants
spontaneous inhalation of patient - can't prevail - when reaction comes on
cold compresses the head -

Compression - pressure on the brain - Stupor - legs & motion -
slow labored pulse and respiration - Sensibility restored, cold to the head -

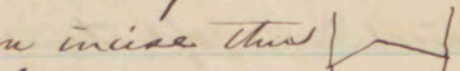
In amputating watch the heel of your knife - Amp. of fingers, feet
to obtain the flaps from the palmar surface -
In using the amputating knife, always give it a curved
like motion -

Prof. Chisolm - Military Surgery - In amps. of fingers best to obtain flaps from palmar surface. In all amputations, the great principle is to obtain ample soft tissues to cover end of bones, without making much traction. Leave all possible length of stump - Circular amputation below the knee better than flaps - Saw the bone 4 fingers breadth from the patella. Commence section on strong bone - then on the weak bone and saw it thro. first. If you have a reliable assistant compression by the fingers is better than the tourniquet. In old times patients often died, when on the operating table, from the nervous shock - before chloroform came into use - Shock, no doubt, now causes some deaths which are attributed to the use of chloroform. In most of the deaths from chloroform the operations have been very small ones — extraction of a tooth &c - In these operations the patients were brought but slightly under it influence. The chloroform was not pushed far enough.

When the thumb is compressing the femoral artery the assistant may tire - don't remove the thumb on the artery - at once place the other thumb over the one on the artery - keep them both there.

Prof. Chisolm. In ligating arteries we may use either forceps or tenaculum. ligate the artery naked. In amp. below the knee the place of election is 4 fingers' breadth below the patella divide the soft parts 3 fingers' br. below that.

Rule. Ligate every bleeding vessel. To remove coagula and discover any blood v. likely to bleed, take a sponge and rub the face of the stump roughly. Warm water to clear such vessels as we may have overlooked. When perfectly satisfied that every bleeding v. has been controlled close up the stump. Use sutures in every case of amput. Metal sutures give rise to no irritation. can be left in a long time. If the operation has been properly performed, no traction is required to cover the bones. Better to arrange the flaps a little obliquely to give proper drainage ——. Put your first suture in the middle. Run the suture thro' the whole thickness of the skin. ½ inch, if you do wish it, from the margin. You need but one needle. long thread. Sew from end to end and then cut the threads. Confine the ends of the ligatures by adhes. strips. Meddlesome Surgery in the dressing of stumps is dangerous Surgery. Leave the stump with as little dressing as possible. Leave it exposed and watch it. Nature delights to

heal up a wound under a scab. In circular amputations, two corners are left, wh. it takes Nature a long time to absorb. The Modified C. Amp. consists in removing these corners. You incise thus  The flap operation below the knee is a bad one. Leaves too heavy a flap. If performed, cut away some of the muscle.

(Prof. Chisolm. A good plan to control hemorrhage from the intercostal arteries, is the following. Take a square of soft linen and place it over the wound. Now place lint on the linen. pack it into the wound. then attempt to draw the linen out, and you form a plug inside, which will exert pressure on the artery.) There is no objection to operating thro. the Knee Joint — or any other joint.

In operating thro. the Knee make make the flap from anterior surface. Rule. Always make the shortest flap where we have the large vessels. The long flap is intended to cover the end of the bones. Suppose you have the vessels in the long one flap. you have the nerve on the end of the bone and you will have trouble from pressure. Thro. the Knee D. Make anterior flap. Either cut the condyles off and bring the patella down on the end of the bone — or leave the condyles.

Not of much importance whether we leave a "muscular pad" or not – will all be absorbed away anyhow. Skin is what we want. Rectangular operation – Teale's Op. One of the most troublesome operations you can perform. Don't recommend it. Hip Joint. Gr. Trochanter and Sup. Spine of the Ilium – knife enters midway between these two points – long flap ant. surface.

Elbow Joint – A simple anterior flap.

Resections. Have seen excellent results from resection of the hip joint. Resections on the battle field are followed by bad results – want of proper attention &c. Resections for disease are followed by much better results than R. for injury. In injury better to wait until all inflammation subsides. All resections heal by granulation – therefore don't close the wound too nicely. It takes a very long time for a patient to get well, after resection of a bone. As a general rule, special apparatus is bad. Better to use the instruments to which you have become accustomed. Shoulder Joint. Two general types one V or V flap – from the deltoid m. alone. Other plan. You leave the deltoid m. Straight incision acrom. pr. Notch the point of the Knife – Divide both the Circumflex Arteries. Apply 3 or 4 points of ligatures directly down on the bone.

1.

Sutures above - wound open below -

(Nearly every joint in the body has been resected. It is safest to cut off both heads of bones - whether diseased or not -)

Elbow I. Attack the joint at the back - only one anatomical item to be remembered - Ulnar nerve runs on posterior part of the arm. No great arteries or veins on back of the arm Great many methods are laid down. No necessity for H incision - flaps too broad. Nearly all Surgeons now make one long incision - 5-6-8 - inches - as long as you please - we are never afraid of incised wounds. In Surgery always make your incisions rather too long than too short - Make | in middle of back of the arm. parallel with | the ulnar nerve - on it's outer side commence about 2 inches above the olecranon pro - right down to the bone - go over the olec. pro - 3-4-5 inches below. (never less than 3 inches, so as to make yr. incision 5 inches long - may find it necessary to make a cross incision | outward - Retain all the muscles you can - We do not desire to expose the ulnar nerve. We dissect out every thing from the bone and of course include the nerve. Then cut off the olec. pro - and the joint is opened. Put the arm in flexion - cut radius and ulna in the same plane (whether diseased or not) - Leave the insertion

of the biceps into tubercle of radius - Ligate very bleed. v.
Bring the arm into a straight position - Leave the
centre of the wound open - Bones are made to approach
each other - Straight splint - When the wound has
healed - 2 or 3 wks - commence to flex the limb
or angular splint - In 5 or 6 mo - good motion -

Hip Joint - Resection of, good operation -
Operations for disease, more successful than op. for injury.
For disease | 6 inches long. commencing 1 inch behind
ant. sup. sp. | ilium. / Accident. ⌒ flap -
concavity uppermost -
(If you find the acetabulum diseased gouge away all the
diseased bone. In using the chain saw, keep both
arms tight (Prof. Thiersch could not use
the chain saw - would catch in spite of him)
Under chloroform, there is no necessity for hastening an
operation - We have got plenty of time -

Knee J. Straight incision just below the patella -
turn up the patella with the flap - You want
the tibia & femur to become fused -
In bleeding put fr. finger in the vein to keep it
from rolling -

Finis Feb. 1889 -

Prof. R.R.S. Fr. Radius is rarely caused but by counter stroke - Fr. of ulna almost always by direct violence. Don't apply the bandage directly to the forearm - this would press the fragments together - Make the splint wider than the arm - Operation of Tenotomy - Its results are vastly overrated. I use a very narrow knife - blunt point - I believe if you commence early enough - say a month after birth - you can accomplish a cure without any cutting operation. Mentioned two cases - In one, cut the tendon - in the other did not - I credit see that it made any difference (Prof S. showed a shoe for club foot) - If you can once get the child to walking on the flat foot the difficulty is overcome - Encysted tumor on side of the head - The cyst is firmly attached to the periosteum - put a piece of caustic potash in it, to destroy the sac - Incomplete fistula - Operated - Found several hairs lodged in the bottom of the sinus -

Pruritus ani - Good prescription is one part of Brandy to 3 parts of water - also - Rx Bi Chl. Hydr - gr. i
Hyd. Chlor. Morphiae gr. i
aquae ℥ ii

Sometimes solution of Borax answers well -

Rheum disturbs the digestive organs less than any aperient that you can use - In fistulas

about the neck and jaws Look out for diseased teeth.
Nothing is so irritating to the bladder as the oxalic acid
diathesis - use Nitro. Muriatic acid -

Feb- 1869-

October 1869- / Session '69 to '70 -

Prof: Chisolm - Operative Surgery -

Lect. I- Introductory Lecture - In this course I will take it for granted that you know nothing - & plain fully every point - Begin with the very alphabet of Surgery -

Lect. II. Don't grease your instruments - the fat decomposes - acids formed and act on the steel. a piece of Chammy skin and keep your instruments dry - perfectly free from moisture - a good surgeon always sees - himself - that his instruments are wiped carefully immediately after an operation -

Every knife works on the principle of the Saw - The saw - however - cuts as you push it from you - the knife - that is it cannot do it - cuts as you pull it towards you - In sharpening a knife never lay it down flat on the stone - elevate it slightly - about 5 degrees - pull it towards you - in order to set the teeth in the right direction - When you put the knife on the strop reverse the action -

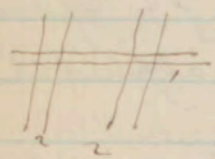
Lead Plaster - Isinglass I - Strop II - Incised wounds gape - bleed - pain - never apply plaster lengthwise to a wound - always across it - In closing up incised wounds to heal by first intention wet out - with a sponge - very particle of clotted blood - clotted blood is foreign - is dead blood - No fear of hemorrhage in doing this because clots have been formed - at the same time - in the artery -

Collodion. Styptic Colloid. Collodion and Tannic Acid - When you wish to remove use Ether to dissolve the gun cotton - Sutures - Instruments for holding the needle - Animal ligatures when covered up in the body disappear - dissolved - In using Collodion the layer formed, after a little, cracks - add a drop or two of Castor oil and you will have a flexible layer.

Lect. IV - Sutures continued - Surgeons' needles cut as they enter - have cutting edges - Glover's suture is useless - rather not know you how to use it - better not to know - The common interrupted suture is the best one for closing wounds - All kinds of sutures have been proposed - Buck shot - clamp &c &c &c - Interrupted suture the best - Always put your first suture in the middle of the wound - always cross the thread - less danger than of slipping when you knot it -

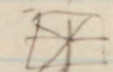
Twisted Suture = Common Pin is as good as any - The brass is not poisonous. used in hair-lip - Varicose Veins - Insert the pin and then twist thread around it -

Quilled Suture - Piece of Bougie - Wooden darning needle - Pass the needle very deeply - an inch back from the lip of the wound. pass the thread thro' cut - tie both ends of the Bougie - as on the other side



Both ends cut -
1 - Lips of the wound -
2 - thread -

or used in Lacerated Perineum - brings the deepest parts well together -



Forceps - First introduced and devised by Liard in Rhymers - curiosities in Surgery - Very good - however - in Spending a short up and grasp an artery until time to tie -

Hæmorrhage - All surgical means to control act by causing the blood to clot. External Pressure.

Wire Suture - Thread the needle in the ordinary way - twist the wire by means of Torsion Forceps - In removing - after cutting - smooth down the end of the wire - in order not to draw a hook thro the wound Wire Sutures are not at all irritating - absorb no discharges - leave them in 20 - 30 days - do no harm - Mentioned a case of Vesico Vag. fist - Careless Surgeon after Operating - unsuccessfully - left the Sutures in - 6 months after I found them just - as he had left them.) In using thread sutures select coarse thread - don't cut the way out readily -

Lect. V - When an artery is cut the internal and middle coats contract and retract - Torsion - a pressure for small arteries - would rely on either for a serious operation. Ligature - Cuts the internal and middle coats. Use the common knot - Artery forceps should have broad convex ends - lets the ligature slip well on to the artery -

Lect. VI - In old persons the artery may be fatty - In these cases the ligature cuts thro the entire artery as soon as it is tied - Catch up the muscular tissue and tie the artery vein - nerve - If you attempt to draw the artery out of its sheath - in order to separate it from the vein & nerve you will tear & break it off - Tie both ends of a wounded artery always tie an artery at the wound when there is hemorrhage -

Lect. VII - Ligation of Arteries - Ant. Tibial - In applying the ligature isolate the artery as little as possible don't break up the tissues more than necessary

Lect. VIII. In ligating arteries carry the needle from within outwards to avoid the vein. Be sure for certain that you have the artery and not the nerve — nor vein — under the ligature — pull upon the latter — raising it up — put your finger into the wound below the ligature — feel if the artery pulsates — decide the question at once — In tying the ligature make no awkward flourish on the thread — Dorsalis Pedis — Sup. part Ant. Tibial — Upper part of Ant. Tibial. Sup. part of Post. Tibial — Upper part of Post. Tibial. Lect. IX Ligation of Femoral. —

Lect. X — The Popliteal Artery gives off many large branches — almost certain to be followed (that is the ligation of it) by secondary hemorrhage — When you tie an artery near a branch the blood coming down and flowing thro' the branch washes away the plastic material which unites the coats and secondary hemorrhage is always set up from a branch as possible

Amputations — In a flap operation you may form beautiful muscular flaps but look at the limb after twelve mos — and what do you find? — The muscle has all been absorbed away — nothing left but skin and connective tissue. Very little difference whether you perform Circular or flap operation — In some portions of the body we prefer one — in other parts the other — always leave soft tissues enough — or a little more than enough — to cover the ends of bones without much traction —

Lect XI — Great fault of beginners is that they do not leave enough flap — after the operation the flap may seem to cover the bone — after a little it will retract — you find you have not enough soft tissue — Get all you possibly can — you can't get too much —

The mortality is greater in amputations for accident than in amp. for disease. TOES. Don't put the cicatrix on the sole of the foot — put it above — In operating for the removal of part of toes two methods — Single inferior flap — Double flap — one from above the other from below. Entire Toe oval method — Don't put the cicatrix in the sole — commence above the head of the metatarsal bone and make an oval around the toe and meet above.

(A good way to find articulation is to pull the toes, the ligaments are stretched and you feel the space between the two easily)

In forming flaps bring the knife out abruptly
metatarsal b. of little toe - long external flap - Lect. X ,,
Hey's operation is a bad one - troublesome - the tendons take
awkward adhesions - pull the stump down - compelled to walk -
or try to walk - on the sensitive cicatrix
In these operations about the foot you had better consider the foot as
composed of a single bone, and save as much as possible
- save right thus - without - regard to the articulations -
Lect. XIII - Chopart's Op - is a bad one - same objections as
in Hey's Op - In these operations as the foot always stand
in front of the patient = amp - thro - ankle joint - one
plan is to form anterior flap from front of foot - bad one
- the skin is too delicate and thin - same objection to
forming flap from inner surface - or from outer
surface - Syme's operation is the best - You make a
good dense, tough flap - Dont form the flap too long
or you make a perfect pocket for pus &c -
Lect. XIV - Pirogoff's Method - In cases of injury this is a better
operation than Syme's - In cases of disease Syme's op - is better
- You do not leave a portion of bone which may take on the
diseased action - caries - necrosis - In Pirogoff's amp - saw
forward - cutting the os calcis obliquely
Amputations of the Leg. The so-called field tourniquet
(without any screw) is good for nothing - Ball-dog forceps best
for ligating arteries - In amp. of the leg when you operate on
Gentlemen give all possible length of stump - not so with
laborers, on whom you operate at the place of election - (4 fingers'
breadth below the patella saw the bone - first cut soft parts 2 inches
below this - the circular is the best operation below the knee - You
have too large a body of muscle for a flap - the flap is entirely too
long - If you perform the flap op - in 12 mo - all the muscle
will be absorbed away and you have nothing will be left but skin
and Connective tissue - In sawing the bone saw a little [illegible]
out above - in order not to have a sharp edge of bone
sticking out above -
Work with the heel of your knife and not the point -

Lect. XV - Sutures are the best often amputating - Don't like the fine suture - finds in the way -

Lect. XVI - Amp - thro - knee - Joint - Anterior flaps is the best method - has many advantages over posterior flap - one is that in the post. flap you bring the vessels - nerves - directly over the bone - If you find the ends of the femur diseased instead of making a section use the gouge or trephine - Remember that every inch you go up towards the trunk you increase the danger to life - Saw the patella - cut across the tendon of the quad. exst - in order to bring the patella down - Cut away the cartilages at the end of the femur - In making the posterior incision cut obliquely down - in order to allow for retraction which always takes place here to a considerable extent - If you cut squarely across the soft parts shrink and you have a concave surface presented - cut so as to allow for this retraction - you form as it were, a posterior flap -

Amputation thro' Hip Joint -

3 methods - Circular
Lateral flaps
anterior flaps

The anterior flap with more or less shortened posterior flap is the best

Teale's amp - in thigh - very troublesome - besides you are obliged to cut the bone high up even if you do get a "muscular pad," this is of no account whatever in 12 mo - will all be absorbed away -))

Lect. XVII - Lig - of Radial - Ulnar Arteries -

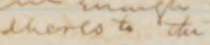
Lect. XVIII - Lig - of Brachial - Axillary Artery - only ligated in lower third - Venesection - Rub the arm up and make patient work his fingers in order to fill the vein well -

Lect. XIX - Amputations upper Extremity - fingers - Keys to the articulations are the lateral ligaments - In amp - of hand save every piece you can - 2nd Palmar fold corresponds exactly to the articulation - Good way to find the articulation is to bend the fingers - allow for the end of the metacarpal bone - fingers - Palmar flap - Double flaps - Lateral flaps - Circular - most difficult of all - Either of these methods is good - Removal entire finger - Oval method - If you want a useful hand - as in a laboring man - leave the head of metacarpal bone - If you want an ornamental hand, take it away -

Amp - of wrist - Circular method very good - Another good flap - Palmar flap - of width of wrist - concave incision at the division of the wrist -

Lect. XX - Amp - of Forearm - Circular with incision in the side - modified circular - last - is two very short flaps - Double flaps - Arm supinated - to keep from entering the knife between the bones -

Amp - thro' Elbow Joint - Anterior flap - Amp - thro - Shoulder Joint - as means of restraining hemorrhage -

therefore leave the division of the vessels until the last —
Desprance's plan — flaps at the outer and back part of the arm —
In operations between elbow and joint — amputation very good operation —
— making a rapid incision — leave the bone as very safely — I can —
Lect. XXI — Amputation of Female Breast, Cancer infiltrates itself into the surrounding tissue. When you operate for cancer of the breast, no matter how small the "lump" may be, take out the whole gland. Many cases of Cancer can not be operated on — favorable cases — Axillae hard knot — glands in axilla not affected — never operate when you can not get healthy skin enough to unite after the operation — In malignant tumor the skin adheres to the tumor — not so with benign tumor —
Some surgeons think the cancer comes from a blood disease — others that it is a local affair — Never promise to cure by an operation — merely say you can prolong life — There are cases however in which the disease has never returned. In this operation, there is no way in which you can control the hemorrhage — must therefore be a rapid operation —
best plan  oval incision — make the inferior section first — If you make the sup. section first, the blood flows down on inferior portion of the breast and renders it difficult to grasp it — slippery — always take away every portion of diseased skin — Make your incisions long enough and large enough — dissect out the entire gland — often you have taken it out, feel with your fingers for any hard knots (scirrhus) you may have left behind — Ligate very fine every vessel —
Lect. XXII — Trephining — Never Trephine when there is any other hope — the operation in itself, is very serious indeed —
When you do trephine, take away as little bone as possible —
Avoid, if possible, the laceration of sutures and sinuses —
Simple Fracture — no symptoms of compression — don't trephine —
Compound fracture — no symptoms of compression — don't trephine —
Compound fracture — displacement of fragments — fragments driven in — no symptoms of compression — no interference with the functions of the brain — don't trephine — some may operate to prevent inflammation — Others — and some most distinguished surgeons — unless compression exist, do not trephine —
Comp. or simple fracture — symptoms of compression — trephine — Sometimes the fracture is diffused and you don't know where to trephine —
When you trephine for effusions — blood — pus — you act on presumptive evidence only — you hope to find the source of trouble — mentioned a case of man — blow behind the ear — symptoms of compression after a time came on — trephined — found nothing — post-mortem revealed the fact that the pus existed in large quantity about the tentorium — the trephine was applied below — A tooth pick is a very good instrument to run around in the groove — to find out if you have entered the diploë — A good way to stop hemorrhage from an artery in bony canal — is to plug it up by a little wire or wood — In your first incision dissect the scalp from the

Peinsleumm
Lect. XXIII - Trephining the Skull - Fracture frequently exists in anterior parts of the vertebra as well as the spinous and transverse pro- Surgeons seem to forget this in trephining the spine - Operation is rather discountenanced - cautiously, with any certainty whether the fracture only exists in spin- & trans. processes or whether it does not also include the bodies Very extensive incision needed - adds to the gravity of the case -
Accumulation of Pus in the Antrum Max - Arises most frequently from decayed teeth - Can get at the antrum by extracting 1- 2- molars - both. Middle Meatus - Superior Canine Fossa - or open antrum, by means of Scissors thro- Canine Fossa. Can penetrate without much difficulty - Tumors of Antrum - In majority of cases are benign -
Resection Sup- Maxilla - Incision from middle of upper lip - nose - around the side of the nose to eye - along lower border of eye outwards
Lect. XXIV - Resection Sup - Max - Preparatory steps - Extraction of teeth - Operation has to be performed without chloroform - Bone forceps best instrument - better than chain saw -
Diagnosis of tumors of the Antrum is difficult -
Resection of Inf- Maxilla - Don't cease in the masseter muscle will fall to forward - Incision angle of Jaw
Lect. XXV - Necrosis of Jaw - Decayed teeth Fistulous Passages - plugging the nares -
Nasal Douche - Patient must resist inclination to swallow - lower the instruments when he finds that he has to swallow, below the level of his head - fluid will then cease to flow -
use solution warm - saturated solution of common salt -
Patient's mouth widely open - breathe thro' the mouth -
Lect. XXVI - Removal of Polypi of nose - The appearance presented by a polypus is exactly as though you had thrust an oyster into the nose - peculiar grayish appearance - Commonly attached to the anterior portion of the inferior turbinated bone - may cause absorption of this bone - Two or three methods - Tearing out - Twisting off - Ligature -
Lect. XXVII - Catheterism of Eustachian tube - Cannula - Injection of Iodine - Cutting away portion of cyst - Packing with lint - all three good plans - Elongation of Uvula - Operate only in doubtful cases - cut about 1/4 inch from pal- arch - Showed many forceps for this operation when you come to cut it you find the palate very tough -
Lect. XXVIII - Epulis - The peinsleumm and alveolar process must be cut out & it will be reproduced - cut out segment of Lower jaw - including alveolar process -

Possibilities - In order to cut, take a bistoury and wrap it round with adhesive plaster - effect point - cut towards the middle line of the throat and there is no danger of wounding art - carotid - Chronic enlargement - Paul - Fr. Jodyne - Best plan to cute away - Heard many kinds of guillotine instruments - with these instruments there can be no difficulty in operating - no trouble whatever -

Lect. XXIX. Foreign bodies in the Oesophagus - Ligation of Subclavian - Inner third has always been fatal - pleurisy - Secondary hemorrhage - Too many large branches given off to admit clot to form - Middle - Excellent results - Outer third - best place - Very good results indeed - Inside of first rib - Lig. in Common Carotid - all the branches of the external Carotid come off from a point opposite great cornu of os hyoides -

Lect. XXXI - Resections - When the Knee Joint is laid open by a wound amputate rather than Resect. Resections of Hip Joint are better than amputations - Resections have lost results in chronic diseases -

Resection of Shoulder - Two methods straight incision - flap of Deltoid muscle - The latter exposes the joint better than the straight incision - If you find the gland early discard your saw all affected bone - It takes many months for the wound to heal after resections -

Lect. XXXII - We get the best results in resections of Shoulder, Elbow and Hip - Resections of Wrist and Ankle Joints are unsatisfactory -

Resections Elbow Joint - Straight incision 5 inches long - commencing 2 inches above olecranon pro - avoid the ulnar nerve - Cut away portions of both humerus - radius - ulna - even when one or more of the bones is healthy - Cut away enough - do not be too conservative or you will not cut away enough to allow of free motion - Has been proposed to resect the elbow in true anchylosis -

Lect. XXXIII - Resection of Wrist - Syme's plan - Intricate, tedious and very troublesome operation - Operation for removal of necrosed bone - Chisel and hammer - Christmas Vacation

Lect. XXXIV - Resection of hip Joint - Very serious - Amputation of hip - has only one recorded successful case - during the late war

Straight incision - | T - varieties of incision - Resection of Knee - incision from one condyle to the other -

Lect. XXXV - Unfortunately absent - dissecting -

Lect. XXXVI " " } Hernia

Lect. XXXVII " "

Lect. XXXVIII " "

Lect. x + xii - Operation for Strangulated Inguinal Hernia - In dividing the structure make incision in direction of a line from middle of Poupart's lig- to the umbilicus - in order to avoid the Epigastric a - If bowel is green - gangrenous - don't return -

Lect. xi - Femoral Hernia - Operation simpler than that for Ing. Hernia

Lect. xii - Hemorrhoids - Internal - External - Internal - Never cut - use ligature - Nitric acid - External - cut off - Fissure of the Anus - Runs the knife right thro - the bottom of the fissure - magical relief

Fistula in Ano - Inserts grooved director - brings it out - then cuts the walls of the fistula -

Lect. xiii - After making the incision in Fistula in ano - a better plan to prevent fistula woman, than lint, is to paint the cut surfaces with Tr. Chl. Ferri or Zinc Sulphate - Varicose Veins - Cutting - Cauterizing - Hypodermic inj. Rx. Ergotin 3 screws - By far the best plan is the twisted suture - Common house pin - cut a piece of bougie and put it on top of the pin and twist silk over this - protects the skin - Varicocele - Twisted suture - or Very good plan as follows - Squeeze up the cord - feel the hard vas deferens slip out of fingers - Run needle thro - double thread - slip pin up the veins - and twist the thread - make but one puncture - thread does not cut thro - The operation of cutting off piece of scrotum gives but temporary relief - Sack near the scrotum becomes distended in hydrocele -

Lect. xiii. Hydrocele - In infants evaporating Colors accomplish often a cure mur. ammon - alcohol - water - Tr. Iodine injections by far safest plan - Only use Trocar as a last resort - not as safe as Iodine injections - When hydrocele is small I use Hypoderm - Syringe - insert - inject Iodine - if no cause for whether fun discharge the semum in a small hydrocele or not -

Castration :- Lect xiv - Absent

One important point – stop the use of tobacco in any form, all liquors to be forbidden. – salt meat very injurious.

For abortive treatment Porter Compound Tablets or Pills. Tablets: Freely ground. Dose much more certain than Extract. Less injurious. Simple Tincture with 10 gr. Bore. Soda in little water 2 or 4 times per day for 5 or 6 days. Hot douche. Injection of Jenicks Fluid Extract 2 or 3 times day (Hot water) Copaiba. Low diet.

Copaiba often has an almost miraculous effect in gonorrhea. The urine charged with it, in passing over the diseased surface, soothes the inflamed mucous membrane.

If taken promptly will almost invariably stop the attack before it gets a strong hold – a few hours of doubt and delay, however will confirm the disease and it will then take weeks to cure.

Gonorrhea. On the first appearance of a mucous discharge, swelling of the lips of the meatus - slight scalding in urinating, etc, commence the Rx - will very often prevent an attack - check it at once. If it should go on to the inflammatory stage be guided by the symptoms as to continuing the balsam - I have never seen any trouble in regard to using Copaiba during this stage - If orchitis should come on however, stop the balsam, rest in bed &c - After subsidence of inflammation still continue steadily the use of the Rx - and so on until a week after all discharge has ceased - No injections

℞ B. C. ℥i
Pulv. Cub. ℥ß
Q. G. A. ℥ij
Aq. Cin. ℥viij

S. ℥ß ter die - one hour after meals.

Fink

S.J.K.

Turning On side - Chloroform as a rule - always
May 30-74. the best - (Consultation) - use hand which
is most convenient - anoint the back of the
hand - wrist - arm - Os must be dilated or
dilatable - fingers & thumb funnel shaped -
introduce well into vagina first - getting the
whole hand into the vagina - this is the first
stage - during this procedure and in fact during
the whole time keep the other hand well applied
to the external surface of the uterus - In your acting
be gradual - gentle but resolute - Next stage
is to introduce the hand, still funnel shaped,
into the uterus - If the membranes are not
ruptured so much the better - If you have
to rupture them try & keep as much
liq. amnii in the uterus as you can
Take your time - don't be in a hurry - Be
careful what fore get hold of - Be careful
you don't rupture the uterus - sometimes
you find the knee just above the pubis -
get the finger hooked into the knee - (all
this between the pains) Turn when there is
no pain - Extract during a pain - Be satisfied
if you can get one knee - never mind the
other limb that will follow -

If the child is alive, after turning
observe rules of breech presentation.
(Usually takes ~~place~~ about ½ hour)

Keep your hand well applied to the
surface of the child.

In placenta prævia not necessary
to give chloroform - pain relieved
from the hemorrhage —

Miscellaneous Notes from Prof. Thisolm's Lectures.

Torsion only on small arteries - Ligature for large arteries. Free torsion, catch end of the artery with forceps and twist 3-4-5-6 times. Limited Torsion Two forceps, one on artery above, other on the end. In primary hemorrhage if bleeding from an artery stopped stop, let it alone - don't attempt to ligate. If secondary hemorrhage arise always ligate - if you don't nature will stop the bleeding for a time - again will hemorrhage take place - again - and again - exhaust the patient. Gunshot wounds Always examine the patient's clothes to see if bullet has made a hole in them - if so the presumption is that bullet has entered the body. Finger best probe in g. s. wounds. Always put the patient in same position as he was when shot. this will often tell you the course the bullet has taken! In a recent gun shot wound the silver probe is a bad instrument - you can make it go in any direction - make a track for itself the gum elastic much better. In old gun shot wounds where the tissues are matted together the silver probe comes in much better. Three ways of holding a knife - 1 like a pen, 2 bow of a violin, 3 handle in palm of hand - Keep your instruments dry & clean, and they will not rust - never

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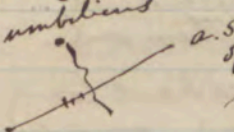
Put any oil or grease on them - grease decomposes - acid formed - acts on the Steel Sutures. a finely twisted, well waxed suture good as any - do as well as Silver suture - in fact better - unless you want to leave it in for a long time.

Indirect Inguinal Hernia most common variety - Dull knife best to notch strangulation, notch upwards & inwards, parallel with Epigastric artery.



Whenever fluid escapes you have got into the sac - Intestine may be glued by adhesions to the sac - have to dissect away.

Cancer is an infiltrated disease - have to remove the whole breast - Even if a small tumor no larger than the end of the thumb - if you don't remove whole breast you leave cancer germs behind - Expect a bloody operation - breast is a very vascular gland - Extensive systemic poisoning - " Axillary gland movement - " ulceration.

don't operate

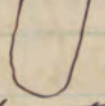
to adhesive straps - 4

- by you always find that I prefer looking in the laps, for the nerves - turn very closely off - ing only the edges of the - is back - first the wire - sound. Sew nothing but - never close up the whole cut position open for - on spasm. Don't take - one day one - next day - an Operation coming very - months. You can't tell - circular or flap - ments are the helps of fold pure line of joint - ints always a single - joints. In metac. phal - and bend fingers allow - bone - cut below - ulceration. Save every - ers best to consider the - no necessity of going - Amp. Hand - Main flap - long lower part of - na. radius & ulna close - int - Styloid pro. of - oint - - no special advantage - nature takes them all - in order to divide - t all.

3/
Incision running parallel with fibres of pectoral muscle - very good operation.
Oval incision usually adopted. - no means of preventing hemorrhage - have to operate rapidly - arm elevated.
Inferior incision first - whole length of breast. Inferior incision includes diseased skin. Ligate every bleeding vessel. Leave upper corner for drainage apply sutures. If glands in axilla but much involved extend the incisions and take them out.
Amputations. Always have too much flap, rather than too little. If too much, nature will soon retract. Disadvantage of flap operation, is that if patient very large & muscular the flaps very apt to drag. Ligate every bleeding vessel, regardless of the number. Good rule after amputations is to rub the stump with hot water. If large vein bleeds ligate it - regardless of what yr. books tell you. Suppose the bone should bleed? Take a small plug of wood and drive it in. If general oozing take a piece of wrap and

squeeze it in. Prefer sutures to adhesive straps. Metallic sutures. In old stumps you always find that the nerve has become bulbous. I prefer looking in the fresh stump after making flaps, for the nerves - draw them out and cut them very closely off. Dressing Stump - Sutures - bring only the edges of the skin together - tuck the muscles back - first the wire. Begin in the middle of the wound. Sew nothing but skin. Always leave spaces. Never close up the whole wound. Leave most dependent position open for drain. Stumps often take on spasm. Don't take all the sutures out at once - one day one. next day another, and so on. Circular Operation coming very much into use again. In a few months you can't tell whether the operation has been circular or flap -

Amputat. Fingers. Lateral ligaments are the keys of the articulation. Line of palmar fold sure line of joint for middle joints. In last joints always a single line and you will enter the joints. In metac. phal. 3/4 inch back. On back of the hand bend fingers allow for thickness of the head of upper bone - cut below enter joint. Long palmar flap best operation. Save every part of the hand you can. Sometimes best to consider the palm of the hand as the bone - no necessity of going up to carpo- metacarpal joint. Amp. Hand - Main flap from palmar surface.



1. Styl. p. radius - long lower part of.
2. Styl. p. ulna. radius & ulna closely to enter the joint. Styloid proc. of radius & ulna guides to enter the joint.

Rectangular Amp. Teale's Amp. No special advantage in having large flaps over bones. Nature takes them all away any how. Have to go high up in order to divide the bone - Don't like it at all.

5/ Elbow Joint. Anterior flap. Enter the joint from the radial side. Always watch the heel of your knife.

Shoulder & Lisfranc's Post. Anterior & posterior flaps.

Ligations Post. Tibial deeply seated. very trouble-some to ligate high up. much preferable to ligate the Femoral above, Fibular & Peroneal ligate in living body high up. Amput. Foot. Chopart's & Hey's both bad operations. tendons assume bad connections. make line of cicatrix above out of the way of pressure. first mark out the flap on the sole. then begin the section on the back of the foot. make the flap from the sole. Saw right thro' the bones. pay no attention to the articulations.

Tibio-Astragaloid Amp. Syme's A. Good amputation. First across malleoli for dorsal incision. Sole flap. If for disease only perform Syme's. If for injury Pirogoff's. never for disease. Amp. Leg. Save all length of limb possible. Above Ankle, circular gives good results, but it is tedious. make vertical incision on the crest of tibia. enables you to turn the skin over. modified circular.

Below the Knee. Circular best. Flap is a bad operation sometimes forced by circumstances to adopt it. I would then shave off the heavy mass of muscle from the flap and leave nothing but skin and areolar tissue.

Modified circular enables you to dissect up much better. leaves no angular corners. Knee Joint. Rule is not to cut thro. the thigh for injuries about the leg. but amputate thro. the knee joint. Long anterior flap. short posterior flap best operation. The short flap retracts so much that after the operation there is no posterior flap at all. Scrape the condyles. don't chip them

unless they are diseased. Amp. Hip Joint.

As a primary amputation for gun shot wounds, discarded. that is for compound comminuted fractures by bullet. Must get well if let alone. Large front flap best operation great danger is hemorrhage. Ligate all the back vessels first - then come to the anterior flap. Knife midway between Gr. trochanter & ant. sup. Sp. ilium. Strike head of femur - graze bone - cut into glenoid cavity - knife looks as if it would enter the abdomen - change direction of knife - comes out near the testicles. Short posterior flap. The anterior flap falls naturally into place and covers the joint - by far the best operation. If on the opposite leg enter near the testicle - come out between sp. of ilium and gr. trochanter.

Anasthesia. Nitrous Oxide, Gas must be fresh. unadulterated with atmospheric air. It is pleasant to inhale. Blueness of face & twitching of Muscles show patient is well under the influence of the gas. (Stop the nose by squeezing with the fingers. Chloroform. Can't produce any condition where chloroform would be dangerous. There are certain persons in whom chloroform acts as a deadly poison. We don't know who they are until we give it. Have to run this risk. Touch conjunctiva with the finger. if patient doesn't wink, commence to operate. Push chloroform well - more danger in giving it slightly. Must always be largely diluted with air. ~~How important this is.~~ If stertorous breathing pull the tongue well forward - put a tenaculum thro. the median line of the tongue and pull well out. If pulse feeble, stop chloroform Towel best instrument. Bring it gradually up to patient's nose. Drop a few drops on towel - doesn't take much. Stage of excitement - tolerance = Never give it alone. Stomach must be empty - 4-5-6 hours after eating - Give a little stimulus 1/2 hour before operating administering Chloroform -

V. Never give it sitting up. Watch breathing - pulse and countenance - these are the three important points. Good rule to give opium & whiskey before administering chloroform - followed during late war. morphine & whiskey - very good results - about an hour before operating. Head slightly elevated. very good practice to cover the eyes with a towel - or shut his eyes. If restless, push the chloroform, rather than hold him down by force. If stertor, pale face, at once force the mouth open and run tenaculum right thro. median line of tongue - pull it forcibly out (the tongue falls back on epiglottis) If pulse feeble and necessary to keep him under Chloroform for a long time, you had better change to Ether — for instance in old lupation. Cold water Artificial Respiration (mouth to mouth artificial resp. is best) - flip with towel - seizing the tongue with tenaculum - (Sylvester's method better than Hall's.) are reliable means in time of danger. Galvanic battery very good. you want to excite phrenic nerve - one, over root of neck just over sterno-clavicular articulation - press firmly other root of sternum - Hold there for a while - 2 or 3 seconds - then remove - apply again & so on. The trouble is, however, that you never have the battery with you when you want it.

Hydrocele - Prof. Chisolm prefers to Iodine injection - Cure, by far, majority of cases - If do not succeed at first try it again & again - Thinks the best too serious a means - In very obstinate cases use seton.

Safest, Best means is Iodine injection - If easier resist - as sometimes do - then incision, first - ℞ Ji Ft. Iodine - ℥iij water proper proportion - add Potass Iodid. make Iodine soluble -

Tracheotomy - Rapidly in the Median line In child transfix under cricoid ring to hold trachea steady -

Œdema. Hand. douche - warm water - mouth widely open - don't try to swallow. Head inclined downward (The moment patient tries to swallow destroys effect. Breathe thro. the mouth - Removal of Tonsils - Probe pointed Knife & forceps - Wrap Knife ½ its length with adhesive plaster - cut upward & inward Fahnestock's instrument best. perfectly safe - Trephining the Spine, bad operation - other injuries accompanying more serious than mere pressure on Spine -

Affections of Nose Tumors never from from Septum of the nose - always from turbinated bones. Polypus of Nose Speculum very good - 3 pronged forceps - also good for dilating female urethra - Seize the foot-stalk of polypus with poly. forceps - and twist off - If hemorrhage inject cold water. (Sol. Nitr. Silver Tannic acid as a Snuff - to destroy small growths) When polypus hangs down into the throat - cannula - with a Loop of wire - introduce into the nose - put hands to back of pharynx and slip Loop of wire over - Sort of Écraseur - or common gum Catheter - pass into the nose and bring end out of mouth. Tie it

Apl 25th 28th '76 Prof Chisolm's clinique.

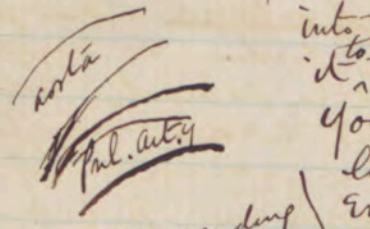
Man with compound, comminuted fracture of leg - happened this morning - the leg from knee to ankle completely disorganised - amputation the only resource - Gave whisky + water - then administered sulphuric Ether - Esmarch's bandage - antero - posterior flaps above the knee - tied but one artery - Apl 27 - Man doing well -

Case fistula in ano - Patient has Bright's disease - decided not to operate - unfavorable complication -

Circumcision - Chloroform - Seize head and front portion of penis - Squeeze tightly - as hard as you possibly can - in this way all the blood is squeezed from the head and upper part of the organ - now take a piece of bandage very tightly around the penis - now stop squeezing the organ and you have no blood whatever left in the parts which you have squeezed - Avoid cutting the frenum - take forceps - apply obliquely in front of the glans - not implicating the frenum - Squeeze forceps tightly - cut away all in front of the forceps - slit up with scissors above in the median line a few sutures to connect skin and mucous membrane. (In this case there was no hemorrhage of any account

Case of Division Infra-orbital nerve - Introduced a delicate knife - across the course of the nerve just below orbit - turned the edge down - cutting down to the bone as the knife was withdrawn

To inject a subject. 1- Scalpel. Make an incision the length of the sternum. 2. Hand Saw. Saw through the sternum. 3. a Clamp. This is an instrument made for the purpose of pulling asunder the saw surfaces of the sternum in order to make plenty of room to work in. It consists of two plates, each of which has two strong, curved hooks which grasp the saw edge of the sternum, and two long strong screws worked by handles. The plates are introduced and separated by means of the screws. Take a scalpel and cut through the loose areolar tissue of the anterior mediastinum until you come down to the large vessels and the pericardium. 4. Forceps. Pick up the pericardium with the forceps and lay it open its whole length. 5. Tenaculum. Put the tenaculum into the apex of the heart and pull it to the left side (of the subject). You will see the two venae cavae lying to the right of the aorta and emptying into the right auricle. Make a small vertical incision into each V. C. Take the forceps or tenaculum and hook out any clots of blood which may obstruct the canals. 6. Sponge. By means of the finger, isolate the aorta close up to the heart and prepare the way for the ligature. Let the limbs of the subject be straightened and put a high block under the shoulders in order to throw the head and neck well back. Now make an incision into the ascending portion of the arch of the aorta, large enough to admit the nozzle of the injection pipe, and close up to the heart. Remove if necessary clots of blood. The subject is now ready for the Arsenic solution. Arsenic solution



℥vi - ℥viij Arsenic to two gallons of water
boil 10 minutes in ~~an old pot~~ a glazed
pot. 10 - Large injection pipe - Wrap the end
of the nozzle for about an inch and a half
with waxed twine - This wrapping should be conical
and wedge-like as shown in the figure.

By this method the nozzle slips in more easily
and after it is in the aorta, it makes a kind
of shoulder behind which you can tie the ligature
It is then impossible for the pipe to slip out -
Wrap some pieces of muslin or old cloth around
the body of the pipe — keeps the hot injection from
burning the hands. 11 Aneurism needle - should
be as long again as they are usually made - you have to
dip deeply down to put the ligature around the aorta -
12 Piece of well waxed cord or twine - now place the
ligature around the aorta. Introduce the nozzle of the
pipe into the aorta and tie it in securely. When throwing
in the injection, let an assistant hold the nozzle of the
syringe well up - don't let it jam up against the aorta
and keep the injection from going in. The body of the
pipe is provided with a stop cock and unscrews
at the nozzle. The nozzle also has a stop cock -
Fill the pipe - shut off the cock of the body of the pipe -
screw into the nozzle - turn both cocks open. throw
in the injection - shut off the cock of the nozzle (to keep
the injection from bubbling out) unscrew the body of the
pipe from off the nozzle - fill again and as before -
Throw in 3-4-5-6 pipe fulls of arsenic solution. a great
deal of it runs out through the cuts in the dead carcase
13 Wax injection - Tallow melted and colored with red
lead - Throw in from 1/2 to 1 pipe full

(Subject should rest undisturbed for some hours, until the wax hardens.)

¼ Mont needle and thread.

It is best to allow the nozzle to remain in for 24 hours - Then remove and sew up the incision.

Eustachian Tube - Catheterism -
Pass along floor of nostril back to posterior wall pharynx;
now you can go no further. (point being turned down)
Now turn point of instrument squarely out - keeping
still on floor of the nostril - hugging outer wall - commence
to withdraw - very shortly you feel the point entering
the Cartilaginous Expansion of the tube.
Plugging nostrils - Bdloc's instrument best - If use catheter
- let it be a small one - very flexible - well warmed
to prevent its breaking - Put the double ligature into
the catheter - pass into the nose - then tie sponge on and
withdraw - Or tie the double lig. on to the end of the
catheter